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An Independent Review Organization

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Notice of Independent Review Decision

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Case Number:

Date of Notice: 06/05/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Selective nerve root injection at right C7-T1 to back with intravenous (IV) sedation

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a female who was injured on xx/xx/xx when she was involved in a motor vehicle accident. The patient developed complaints of neck pain and ultimately underwent a cervical fusion at C5-6 and C6-7. The most recent imaging studies included CT myelogram studies of the cervical spine performed on 10/16/14 which noted a prior fusion from C5 to C7. There was no evidence of any decreased nerve root sleeve appreciated on the study. The patient has undergone a series of C7-T1 selective nerve root blocks. The last block on 02/11/15 was to the left side. The post-injection assessment by on 03/06/15 noted the patient had some improvement with the injection to include increased range of motion of the cervical spine however she continued to have left shoulder and scapular pain. The most recent evaluate evaluation by on 05/18/15 noted the patient had persistent complaints of neck pain radiating to the upper extremities. The patient's physical examination noted tenderness in the cervical paraspinal musculature more to the left as well as the trapezius and scalenes. Happen sign was negative but there was weakness to the left at the interosseous 4/5 in severity. No pathological reflexes were evident. The patient was reported to have no further improvement with oral steroids or muscle relaxers. At this evaluation the patient was recommended for bilateral C7 and T1 selective nerve root block. There was a letter from dated 05/04/15 which indicated that the patient initially had 70% reduction in her radicular symptoms from the last C7-T1 nerve block completed on 02/11/15. The patient was reported to have a slow return to her baseline pain. The requested left sided selective the requested right sided selective nerve root block at C7-T1 with IV sedation was denied on 04/24/15 as there was no imaging evidence regarding nerve root impingement or evidence on physical examination of a clear C8 radiculopathy. There was also no clinical documentation regarding failure of conservative treatment. The request was again denied on 05/13/15 as there was still lack of evidence regarding objective findings for lumbar cervical radiculopathy or response to prior conservative treatment.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

In review of the records the patient is reported to have 70% pain relief following a left sided selective nerve root block completed in 02/15. clarified the patient had a slow return to her baseline levels of pain by May of 2015. However CT myelogram studies found no right sided nerve root impingement at the C7-T1 level. There was also no objective evidence by physical examination of a right C8 radiculopathy that would support a clear and a clear unequivocal diagnosis of a right C8 radiculopathy. As these issues have still not been addressed as noted the prior utilization reports it is this reviewer's opinion that the request for repeat selective nerve root block to the right at C7-T1 would not be medically necessary is not medically

necessary. As such there would be no requirement for IV sedation with the injection.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)