

P-IRO Inc.

An Independent Review Organization
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Notice of Independent Review Decision

Case Number:

Date of Notice: 02/17/2015

Review Outcome:

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

Anesthesiology

Description of the service or services in dispute:

Cervical spine: bilateral cervical C4-5 transforaminal epidural steroid injection

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 male whose date of injury is xx/xx/xxxx. The patient was involved in a motor vehicle accident. The patient is status post C3-6 discectomy and fusion. The patient underwent cervical transforaminal epidural steroid injection on 02/24/12, 02/25/13 and 07/26/13. Note dated 09/11/13 indicates that the patient is back at work and he has 60% relief with previous injections done approximately 2 months ago. The patient underwent cervical epidural steroid injection on 10/22/13. The patient underwent cervical epidural steroid injection at C4-5 on 03/03/14. Follow up note dated 03/26/14 indicates that the patient returns for follow up on a bilateral C4-5 transforaminal epidural steroid injection with 75% relief. Note dated 09/03/14 indicates that the patient reports the last epidural steroid injection really helped decrease his pain. Chart note dated 12/05/14 indicates that current medications are Norco, Ambien and Ultram. On physical examination sensation is intact throughout. Tone is normal.

Initial request for bilateral cervical C4-5 transforaminal epidural steroid injection was non-certified on 12/09/14 noting that according to the Official Disability Guidelines, cervical epidural steroid injections are

indicated for radiculopathy, which is documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The physical examination did not document any findings of active radiculopathy, such as motor weakness, sensory disturbance or asymmetric deep tendon reflexes. There was no significant neurologic compromise noted on the MRI and electrodiagnostic testing was noted to show findings of radiculopathy; however, the date of the test was not documented. Additionally, the Guidelines state that there should be unresponsiveness to exercise, physical therapy, non-steroidal anti-inflammatory drugs and muscle relaxers, and the records do not indicate the patient had failed to improve with any recent exercises, physical therapy, non-steroidal anti-inflammatory drugs or muscle relaxers. The denial was upheld on appeal dated 12/29/14 noting that clinical provided does not document a radiculopathy at the level requested. There was no dermatomal description of the pain pattern and no objective exam findings c/w radiculopathy. The Official Disability Guidelines requires the documentation of radiculopathy. Additionally, the records do not document what level of benefit was received for the last epidural steroid injection given.

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

The patient sustained injuries on 02/08/08 and has undergone multiple cervical epidural steroid injections. The Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The patient's current physical examination fails to establish the presence of active cervical radiculopathy. There are no current imaging studies/electrodiagnostic results submitted for review. The cervical MRI and EMG/NCV reports provided are over 6 years old and outdated. As such, it is the opinion of the reviewer that the request for cervical spine: bilateral cervical C4-5 transforaminal epidural steroid injection is not recommended as medically necessary.

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 Medical Literature (Provide a description)

- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)