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An Independent Review Organization

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Case Number:

Date of Notice: 11/02/2015

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:

One epidural steroid injections for the cervical spine

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/XX. On this date the patient fell from a lawnmower that resulted in a fracture of his left arm. Office visit note dated xxxx indicates that the patient's pain is consistent with cervical radiculopathy. The plan is to start with interlaminar epidural steroid injections. If there is no improvement, they will change to transforaminal epidural steroid injections. Letter of medical necessity dated xxxx indicates that the patient has complaints of left upper extremity pain and left arm weakness. He has a positive left Spurling's sign. His MRI of xxxxx shows left C6>C7 nerve compression. His EMG/NCV reportedly shows a left C6 radiculopathy. He has had cervical epidural steroid injections in the past with good relief.

Initial request for three epidural steroid injections for the cervical spine was non-certified on xxxx noting that the Official Disability Guidelines state that cervical epidural steroid injections are not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. If done anyway, there must be objective evidence of radiculopathy on physical examination which is corroborated by diagnostic imaging and/or electrodiagnostic testing and initial unresponsiveness to conservative treatment. There is no imaging study included documenting any nerve root impingement and no electrodiagnostic study documenting radiculopathy. A series of three injections is not supported. The denial was upheld on appeal dated xxxxx noting that no radiologist interpretation of an MRI or report of electrodiagnostic studies showing radiculopathy were submitted for review and there was no documentation of the extent of lower levels of care such as physical therapy, a home exercise program or use of medications.

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

The patient sustained injuries on XX/XX/XX as a result of xxxx. The patient has been recommended to undergo cervical epidural steroid injection. The Official Disability Guidelines note that cervical epidural steroid injections are not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. If used anyway, the Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results and failure of conservative treatment. There are no imaging studies/electrodiagnostic results submitted for review. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The patient's response to prior epidural steroid injections is not documented. The request is nonspecific and does not indicate the level/laterality to be injected. As such, it is the opinion of the reviewer that the request for one epidural steroid injection for the cervical spine 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 Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)