

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/09/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: B/L C4-5 TF ESI, Cervical Transform

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified Anesthesiologist
MD, Board Certified Pain Medicine

REVIEW OUTCOME: 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of this reviewer that the request for B/L C4-5 TF ESI, Cervical Transform is not medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: Patient is a female with complaints of neck pain. A CT scan of the cervical spine noted a left disc herniation at C2-3 with 1mm of cord compression, and there is a broad based disc bulge at C3-4 with mild right foraminal stenosis. On xxxxxx, the patient was seen in clinic. She had complaints of upper neck pain radiating to her shoulders, with pain rated at 7/10. She also reported low back pain radiating to the lower extremities. On exam, patellar reflexes were 1/4 bilaterally, strength was intact bilaterally, and she had a normal gait. A transforaminal cervical/thoracic epidural steroid injection was recommended.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: On 08/28/15 a preauthorization determination letter was submitted. It was noted the guidelines do not recommend the use of cervical epidural steroid injections, and the clinician did not specify a distribution of the radiculopathy on exam and there is no evidence of significant neural impingement at the C4-5 level based on the CT scan. The request was non-certified. On 09/23/15, a utilization review report noted that the guidelines do not support cervical epidural steroid injections, based on recent evidence.

The specific level for the requested procedure has not been identified although it is noted to be in the cervical thoracic spine. The guidelines do not support cervical epidural steroid injections at this time. The imaging study fails to identify significant pathology with the exception of a left disc herniation at C2-3 with 1mm of cord compression, and there is a broad based disc bulge at C3-4 with mild right foraminal stenosis. The records do not identify specific findings on exam that correlate with that study. Therefore it is the opinion of this reviewer that the request for B/L C4-5 TF ESI, Cervical Transform is not medically necessary and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)