

Applied Resolutions LLC

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 03/24/2016

Review Outcome:

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

Pediatric Orthopedics And Orthopedic Surgery

Description of the service or services in dispute:

Left C5-C6 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 female with a history of cervical spine pain. Records indicate that the patient had undergone 3 cervical spine surgeries, including a multiple level fusion.

During the assessment on XX/XX/XX, the patient complained of worsening cervical spine pain that disrupted her sleep. She reported a burning sensation in the neck region that radiated to the left arm. It was noted that the patient recently underwent an MRI of the cervical spine, which was noted to reveal a disc herniation at the T1-2 level, below the fusion. It was noted that the patient had been showing improved cervical range of motion with physical therapy. The physical examination revealed a positive Spurling's test for increased pain; a negative cervical distraction test, for pain; and a positive shoulder depression test, on the left side. There were increased, mild cervical myospasms upon palpation of the cervical spine.

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

The decision to deny the left C5-6 epidural steroid injection should be upheld.

The Official Disability Guidelines state that while not recommended, cervical epidural steroid injections may be supported as an option to reduce radicular pain and facilitate progress in active treatment programs. Radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the patient had been unresponsive to conservative treatment, such as exercise, physical therapy, NSAIDs, and muscle relaxants.

The patient complained of cervical spine pain that radiated to the upper extremities. Upon physical examination, there was a positive Spurling's test for increased pain and a positive shoulder depression test on the left with increased mild cervical myospasms upon palpation of the cervical spine. The records indicate that an MRI of the cervical spine noted disc herniation at the T1-2 level, below the fusion. However,

an official copy of the MRI of the cervical spine was not provided for review to determine whether the neurological deficits found on physical examination match the pathology on MRI at the level requested for injection. There was a lack of adequate information regarding failure of conservative treatments with exercise, physical therapy, NSAIDs, and muscle relaxants. Additionally, a plan for participation in an active treatment program after the injection was not indicated.

Based on the clinical records provided, the decision to deny the left C5-6 epidural steroid injection should be upheld.

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 AHCPH-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)