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**DATE OF REVIEW: 6/29/2016**

**Date of Amended Decision: 6/30/2016**

**IRO CASE #**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Outpatient Bilateral C4-5 TESI with Fluoroscopy.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

**D.O. Board Certified in Anesthesiology and 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)

**PATIENT CLINICAL HISTORY [SUMMARY]**

Patient is a male who was injured on XX/XX/XX. He was complaining of bilateral neck pain and left shoulder pain and was diagnosed with chronic pain syndrome, cervicalgia, and cervical radiculopathy. Patient was treated conservatively with physical therapy x 12 sessions, and medications including Tramadol, Omeprazole, Ibuprofen, Duexis, and Cyclobenzaprine. Patient underwent two MRIs -- one for his neck and the other for his left shoulder. MRI dated XX/XX/XX of the cervical spine showed mild spinal canal at C6-7 with moderate left and mild right foraminal stenosis. At C5-6, there was mild spinal canal and right foraminal stenosis. At C4-5 there was mild spinal canal and mild left foraminal stenosis. MRI of the left shoulder dated XX/XX/XX showed a supraspinatus focal articular surface hyper intensity which might relate to focal tendinosis or focal low grade partial thickness tear, proximal to the insertion. There was a mild intra articular biceps tendinosis. The anterior labrum was abnormal in appearance. The anterior superior quadrant labrum demonstrated a t2 hyper intense chondrolabral junction cleft; however, the detached labral substance was irregular, which was concerning for tearing.

Patient physical exams represented by the history and physicals on multiple dates were very similar. Patient had shooting pain to the neck on the left side more than the right side, the left shoulder, and even down the elbow. Examination of the cervical spine showed no tenderness, swelling, deformities, evidence of instability, weakness, atrophy, or alteration of tone. On the cervical spine there was a marked limitation of ROM secondary to pain. There was no evidence of ankyloses. The



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paraspinal muscle strength was within normal limits. There was a positive Spurling's test.

**ANALYSIS FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION AND EXPLANATION OF THE DECISION. INCLUDE CLINICAL BASIS,**

Per ODG references, the requested "Outpatient Bilateral C4-5 TESI with Fluoroscopy" is medically necessary. Patient has bilateral neck pain and shooting pain which is worse on the left than the right, with radiation of the pain to the left shoulder and elbow. Patient had conservative therapy with limited success. Patient has a positive Spurling's test which is synonymous with radiculopathy. In this case a bilateral C4-5 TESI under fluoroscopy is medically necessary.

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

- 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