

True Decisions Inc.

An Independent Review Organization

Phone Number:
(512) 298-4786

2771 E Broad St. Suite 217 #121
Mansfield, TX 76063

Email: truedecisions@irosolutions.com

Fax Number:
(512) 872-5099

Notice of Independent Review Decision

Case Number:

Date of Notice: 07/05/2016

Review Outcome:

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

Orthopaedic Surgery

Description of the service or services in dispute:

Cervical selective nerve root block at right C4/5 and C5/6 with IV sedation

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 with a clinical history of neck and right shoulder pain. On X/X/XX, the patient had an MRI of the cervical spine revealing ACDF at C6-7. There was a 2 mm generalized disc protrusion at C4-5 compressing the thecal sac uniformly. There was a slight disc bulge and/or spur formation at C5-6 and C7-T1; both discs narrowed in height. There was severe left facet hypertrophy at C4-5 and bilateral neural foraminal stenosis at C4-5, C5-6, and C7-T1. In the X/XX/XX clinical encounter summary note, the patient presented for a postop exam from the X/XX/XX right shoulder rotator cuff repair with acromioplasty and distal clavicle resection. The patient stated a new injury occurred during physical therapy and sharp pain radiated to the neck and down the right arm. Any range of motion caused pain. Pain medication was not helping. Physical exam was specific for the shoulder. Motor and sensory exams were intact and there were good pulses. In the X/XX/XX provider note, the patient presented for evaluation of a several months' history of a right shoulder blade area pain and right arm pain which started after he fell at work on XX/XX/XX. He stated he was walking in the parking lot, the lights were not working, and it was completely dark when he was coming out of work. He hit concrete, tripped and fell on his right shoulder and drove home, but started hurting gradually. He had a history of a C6-7 fusion in the year XXXX and since that surgery, he had been "doing fine" until the accident. He had been taking Percocet without any relief. It was noted that physical therapy for the current back/neck pain made things worse. There was no other treatment for the back or neck. On physical examination, cervical spine alignment was neutral. Levator scapulae, trapezius, and scalenes muscles were tender on the right. The occipital area was nontender. Spinous processes were nontender. There was no adenopathy or masses in the neck areas, carotids were palpable bilaterally, and the thyroid was normal. Cervical range of motion was painful and restricted with flexion painful at 50% of normal, extension painful at 50% of normal, rotation on the right was painful at 50% of normal, and rotation on the left painful at 50% of normal. Lateral bending to the left and right was painful at 50% of normal. Hoffman's sign was absent. Spurling's was negative on the right and negative on the left.

Arm strength was not assessed because of extreme pain with movement. His sensation and reflexes were normal. The plan was for medications and a selective nerve root block at the right C4-5 and C5-6.

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

The patient is a male who reported a fall in XX/XXXX. An MRI of the cervical spine dated XX/XX/XX documented an ACDF at C6-7, a 2 mm generalized disc protrusion at C4-5 compressing the thecal sac uniformly, slight disc bulge and/or spur formation at C5-6 and C7-T1 and both discs were narrowed in height, severe left facet hypertrophy at C4-5, and bilateral neural foraminal stenosis at C4-5, C5-6, and C7-T1. The patient was noted to have had a history of C6-7 fusion in XXXX and felt that since his surgery, he had been “doing fine” until the accident here he tripped and fell on his right shoulder. He had been on Percocet and ibuprofen without any help and had a shoulder repair on XX/XX/XX. He reported that physical therapy made his back/neck pain worse. There were no other treatments for the back/neck. The Official Disability Guidelines state cervical epidural steroid injections are not recommended based on recent evidence, given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. Injections are not recommended higher than the C6-7 level. In addition, the use of sedation is not recommended except for patients with anxiety. The documentation notes cervical range of motion was painful during examination. There was a negative Spurling's sign bilaterally. Sensation and reflexes were normal and strength was not assessed. There was no documentation of the patient having any radicular complaints at the dermatomal levels. The MRI did not reveal nerve root compression. There was no documentation that the patient had severe anxiety to warrant the need for sedation. Therefore, the request for cervical selective nerve root block at right C4-5 and C5-6 with IV sedation is not supported. The prior decision is 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)