

True Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 04/13/2016

Review Outcome:

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

Anesthesiology And Pain Management

Description of the service or services in dispute:

Right C5-C6, C6-C7 Nerve Root Injection 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 female who was injured on XX/XX/XX when she was carrying a tray of metal objects on her left arm, she hit a pallet filled with boxes causing her left arm to be shoved upwards, knocking the tray and metal objects onto her chest, she lost her balance and fell backward, landing on the concrete with her left hand out and then her body. Her current diagnoses were noted to include vertebrogenic neck pain, right C5-7 radiculopathies and chronic pain. Her current medications were noted to include MS Contin, Norco, meloxicam, Neurontin and Soma. Her surgical history is significant for a cervical fusion from C2-7 on XX/XX/XX with revision in XX/XXXX. Her other therapies have included activity modification, physical therapy, a bone stimulator, psychologic counseling and a home exercise program. Her imaging studies have included a cervical spine MRI on XX/XX/XX which reported C5-6, there is a broad based central disc protrusion (herniation) measuring 3 mm producing mild central canal stenosis and mild stenosis of the bilateral lateral recesses. At C6-7, there is a circumferential disc bulge/osteophyte complex measuring 3 mm, producing mild central canal stenosis, mild stenosis of the bilateral lateral recesses and moderate bilateral neural foraminal stenosis, touching the bilateral C7 nerve roots. An Addendum/Request for Reconsideration dated XX/XX/XX indicates that the patient requires IV sedation to keep her from motion during critical times for the cervical root injections. A Pain Clinic Worksheet dated XX/XX/XX indicated that the patient's height was 5 feet 6 inches tall with a weight of 134 pounds. The patient complained of right sided neck pain, described as burning in the low cervical area. Daily activities which required forward bending aggravated her pain. Cervical evaluation showed palpable tenderness on the right from C5-7. Cervical compression test caused moderate discomfort in the neck with radiating effects to the right arm, hands and fingers (first through third). Valsalva maneuver aggravated her pain. Her pain would worsen during the day. Oral medications were not strong enough. The patient was to continue her current treatment plan and medications were prescribed.

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

The Official Disability Guidelines state that there is no evidence based literature to make a firm recommendation as to sedation during an epidural steroid injection as sedation is generally not necessary for an epidural steroid injection but is not contraindicated. As such, routine use is not recommended, except for patient with anxiety. While the provided documentation did indicate that the reason for the requested sedation is to keep the patient from moving during critical time for the cervical root injection, there was no evidence of anxiety to support the use of sedation during the procedure. The Official Disability Guidelines do not recommend cervical epidural steroid injections given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. When there is evidence of exceptions to support an epidural steroid injection, the Official Disability Guidelines have certain criteria that must be met. The patient had radicular symptoms and a cervical compression test caused moderate discomfort in the neck with radiating effects to the right arm, hands and fingers (first through third) indicating C6-7 radicular symptoms. The MRI did reveal C7 and C8 nerve root encroachment. While there was no evidence of C6 nerve root encroachment, the MRI was a preoperative study and a cervical fusion from C2-C7 has taken place since the MRI was taken. Without updated (post fusion) imaging, the C5-C6, C6-C7 nerve root injections are not clinically indicated. As such, the requested services are not supported. Therefore, the prior adverse determination 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 Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)