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DATE NOTICE SENT TO ALL PARTIES: Jan/21/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Interlaminar Epidural Steroid Injection C6-C7

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: DO, Board Certified Physical Medicine and Rehabilitation

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 Interlaminar Epidural Steroid Injection C6-C7 is not medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: Patient is a female. On XX/XX/XX, electrodiagnostic studies found evidence of carpal tunnel syndrome. On XX/XX/XX, an MRI of the cervical spine was obtained revealing a central focal disc herniation slightly indenting the thecal sac without affecting the neuro foramina at C6-7. There was no other disc herniation or compromise of the canal or neuro foramina throughout this cervical region. On XX/XX/XX, the patient was seen in clinic. On exam of the left upper extremity, triceps weakness was present, deep tendon reflexes were equal and symmetrical throughout, and right upper extremity strength was normal.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: On XX/XX/XX, a utilization review report noted request interlaminar epidural steroid injection at C6-7 was not supported as the guidelines indicated that the procedure was not supported but if it is to be performed, radiculopathy should be documented on physical examination and corroborated on imaging studies and/or electrodiagnostic testing. There was absence of documentation noting the patient had cervical radiculopathy therefore, the request was not certified.

On XX/XX/XX, a utilization review letter was submitted for the requested appeal for interlaminar epidural steroid injection at C6-7 and it was noted that the guidelines do not support the procedure at that time but should it be performed, physical findings should be corroborated by imaging studies and/or electrodiagnostic studies to confirm radiculopathy. There was absence of documentation showing evidence of cervical radiculopathy and therefore, the request was non-certified.

The electrodiagnostic study submitted for review shows carpal tunnel and does not document cervical radiculopathy. The MRI of the cervical spine documents a central focal disc herniation slightly indenting the thecal sac not affecting the neural foramina at C6-7. While it was noted the patient has triceps weakness on the left, radiculopathy has not been confirmed

by imaging studies and/or electrodiagnostic studies as per the guidelines.

It is the opinion of this reviewer that the request for Interlaminar Epidural Steroid Injection C6-C7 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)