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Notice of Independent Review Decision

Case Number:

Date of Notice: 02/08/2016

Review Outcome:

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

Neurological Surgery

Description of the service or services in dispute:

Bilateral C3-4 and C6-7 transforaminal 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 who reported an injury on XX/XX/XX. This is an appeal request that was previously non-certified on XX/XX/XX due to sub therapeutic result from a prior injection and no evidence of radiculopathy to warrant the injection. This appeal request was non-certified yet again on XX/XX/XX due to not being recommended by Official Disability Guidelines, a sub therapeutic response to a prior injection and no evidence of radiculopathy upon examination. The most recent transforaminal injection administered to this patient was on XX/XX/XX at the C3-4 and C5-6 levels on the left. The office visit on XX/XX/XX showed the epidural steroid injection decreased the patient's pain by 70% until 2 weeks prior to XX/XX/XX. The patient reported the pain in the neck had gradually worsened in the 2 weeks prior to that date. An MRI of the cervical spine on XX/XX/XX shows an anterior cervical fusion at C5 and C6 that appeared to be solid. A protrusion/herniation of the disc was seen at C3-4 that contacts the spinal cord without producing a change in the signal. The most recent office visit on XX/XX/XX shows the patient presents with pain in the neck and low back with radiation into the head, shoulders, right arm and right leg. The physical examination revealed deep tendon reflexes and sensation were normal in the upper and lower extremities. Motor strength was intact. The patient was to follow-up in 3 months. This is an appeal request for a bilateral C3-4 and C6-7 transforaminal epidural steroid injection.

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

The request for transforaminal epidural steroid injection at the C3-4 level exceeds the recommended guidelines of no higher than the C6-7 level. In addition, the physical examination did not reveal evidence of radiculopathy as motor strength, deep tendon reflexes and sensation are normal. As such, the request for bilateral C3-4 and C6-7 transforaminal epidural steroid injection is non-certified. The prior determination 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 AHCPR-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)