IMedReviews
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DATE OF REVIEW: 2/19/2017

IRO CASE # XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Intralaminar (TL) Cervical ESI C6-7 for the patient.

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 Management.

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 XXXX who sustained a work-related injury approximately XXXX. Patient complaining of neck pain and lower back pain. Patient underwent physical therapy, medication treatment, and chronic pain program. As of XXXX, patient is on Dilaudid 4mg BID. MRI of the cervical spine on XXXX showed a disc protrusion C5-6 measuring 5.5mm and C6-7 measuring 3.5mm without spinal stenosis, uncovertebral facet hypertrophy with neuroforaminal narrowing at levels described, loss of normal cervical lordosis suggesting muscle spasm or anterior disc height loss, atlantoaxial osteoarthritis change with mild impingement on the foramen magnum, Chiari I spectrum disorder. On physical exam conducted XXXX, patient reported VAS score 8/10, history of present illness, pain in the neck radiating to right shoulder, and lower back region with radiation down the left leg. Pain is throbbing, stabbing, shooting, tightness in nature. Pain in the neck radiating to the upper extremities and shoulders bilaterally. Physical exam indicated decreased sensation in the C5-6 dermatome, ROM decreased strength and tone secondary to pain, paravertebral tenderness from C5-7.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
Per ODG references, the requested "Intralaminar (TL) Cervical ESI C6-7 for the patient" is not medically necessary. Although patient does have pathology on the MRI, there is no supporting documentation of a radiculopathy on physical exam. The only documentation was of decreased sensation in the C5-6 dermatome that alone does not support a cervical epidural. The patient's physical exam lacked the objective details that support a cervical ESI.

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

☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE KNOWLEDGE BASE

☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

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- ☐ 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