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IRO REVIEWER REPORT

Date: 5/9/2018 4:05:27 PM CST

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Cervical epidural blockade utilizing a catheter approach at C7-T1 under fluoroscopy with IV sedation

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a now XX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as XX that cause a laceration. The patient arrived on XXXX for an MRI which revealed central disc protrusion at C3-4, herniated disc at C4-5 2 to 5 mm as well as smaller disc protrusion/herniation of C5-6, C6-7. The patient arrived on XXXX and reported numbness and tingling into the first 3 digits of XX left hand, and that XX was often awakened with a neck stiffness, tightness and neck pain with decreased range of motion. The patient stated XX neck pain was 6-7/10. The physical exam findings revealed cervical pain and tenderness with flexion, mild positive Spurling test, and trigger points throughout the interscapular rhomboid region and lumbar spine as well. The patient arrived on XXXX and reported severe post-concussion headache syndrome, recurrent left cervical radiculopathy, and cervical disc protrusion following a severe work accident at C3-4, C4-5, and C5-6. The patient had failed conservative rehabilitation medical treatment options. The patient had already had side effects from XX support including gastritis. The patient was on weak narcotics as needed and was using XX an XX on a steady basis. The request is for cervical epidural blockade utilizing a catheter approach. C7-T1 under fluoroscopy with IV sedation. The request for cervical epidural blockade utilizing a catheter approach. C7-T1 under fluoroscopy with IV sedation was denied on XXXX due to guideline recommendation against this procedure based on recent evidence, given the serious risks of this procedure in the cervical region and the lack of quality evidence for sustained benefit.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The Official Disability Guidelines state epidural steroid injection is not recommended based on recent evidence, given the serious risks of this procedure in the cervical region and the lack of quality evidence for sustained benefit. The patient had failed conservative rehabilitation medical treatment options. The guidelines also state ESIs are not recommended higher than the C6-C7 level and the request is at the C7-T1 level. However, the examination findings,

and diagnostic findings do not display significant symptoms of radiculopathy.

As such, the request for cervical epidural blockade utilizing a catheter approach at C7-T1 under fluoroscopy with IV sedation is not medically necessary and therefore upheld.

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

MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Neck and Upper Back, Epidural steroid injection (ESI).