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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

XX, XXXX Diagnostic Imaging, XXXX of the XXXX XXXX

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XX. Clinical records of Dr. XXXX XXXX

XX and multiple dates, Clinical records of Dr. XXXX XXXX

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant was injured when XXXX XX, catching XXXX with the XXXX XXXX. XXXX underwent XXXX surgery that did not relieve the XXXX pain and XXXX. XXXX had an XXXX that showed straightening due to XXXX XXXX and XXXX XXXX at multiple levels. XXXX had examinations by Dr. XXXX that reported XX symptoms in addition to XXXX and XXXX pain. XXXX had examinations by Dr. XXXX that reported stiffness in the XXXX along with tenderness to palpation along the XXXX XXXX. XXXX was neurologically intact. Dr. XXXX has recommended XXXX XXXX XXXX.

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

Intra-articular blocks: No reports from quality studies regarding the effect of intra-articular steroid XXXX are currently known. There are also no comparative studies between intra-articular blocks and XX. (Falco, 2009) (van Eerd, 2010) There is one randomized controlled study evaluating the use of therapeutic intra-articular XX XXXX. The results showed that there was no significant difference between groups of patients (with a diagnosis of XXXX pain secondary to whiplash) that received corticosteroid vs. local anesthetic intra-articular blocks (median time to return of pain to 50%, 3 days and 3.5 days, respectively). (Barnsley, 1994)

There are no peer-reviewed research studies that show evidence of long-term benefit from XXXX XXXX. Especially in the XXXX XXXX, the risk of severe complications is far greater than the possible short-term benefit.

Therefore, due to lack of compliance with ODG recommendations, and with no evidence that demonstrates long-term relief other than the anecdotal report from Dr. XXXX, the requested XXXX XXXX XXXX and fluoroscopy performed under XX are not certified and would not be medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR

OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX