

IRO America Inc.

An Independent Review Organization

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DATE OF REVIEW: APRIL 30, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical epidural steroid injection C7-8

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

Board Certified Orthopedic Surgeon

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 or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Office note, Dr. 05/18/06

Office notes, Dr. 05/19/06 and 05/26/06

Cervical spine MRI, 05/26/06 and 03/23/07

EMG, 06/01/06

Cervical epidural steroid injection, 06/30/07

Independent Medical Evaluation/impairment rating, Dr. 10/17/06

Office notes, Dr. 02/27/07 and 03/23/07

Peer to peer review, 03/28/07
Insurance Company dispute, 03/30/07
Denial noted, 03/30/07 and 04/02/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant reportedly was involved in a lifting injury to his neck and right upper extremity. The claimant treated with his family physician and reported right arm and shoulder pain associated with numbness and tingling. He recalled putting up a door with the onset of pain going down his right forearm into his index, middle and ring fingers. Exam findings revealed a negative Tinel, Phalen, Adson and reverse Phalen's test. Diagnosis was right arm strain due to lifting at work. The claimant saw the occupational health doctor on 05/19/06 for essentially the same complaints. Flexion and extension of his cervical spine increased his complaints. Cervical spine x-rays that day showed degenerative findings. The 05/26/06 MRI of the cervical spine showed the vertebrae normal in position, alignment and marrow signal. There was a shallow minimally compressive central right paracentral disc protrusion at C4-5. There was non compressive central disc bulge at C6-7. No other disc findings were observed. The central canal was normal in volume and configuration. No intradural pathology was observed. The appearance of the cervical cord is unremarkable.

The 06/01/06 electromyography revealed right C6 and C7 radiculopathy. The claimant underwent a cervical epidural steroid injection on 06/30/06. An independent medical examination was performed on 10/17/06 by Dr.. The claimant reported right sided pain in the C6-7 distribution with tingling to his mid right hand. Dr. reviewed the 06/01/06 electromyography and the MRI. The claimant noted a 06/30/06 epidural steroid injection. Dr.'s review of the records noted the claimant was doing well on 08/09/06 with occasional tingling of his right side. Exam findings revealed 4/5 abductor pollicis brevis on the right, slight decrease in sensation to his hand and distal forearm in a C8 distribution, and reflexes were intact. Cervical range of motion was restricted. Impression was cervical spin with right C7-8 radiculopathy improved with residual symptoms. Dr. placed the claimant at maximum medical improvement with 5 percent whole person impairment.

The claimant was seen again by Dr. on 02/27/07. The claimant reportedly was doing well until the past 3 to 4 weeks when he had sharp neck pain going into the occiput with turning his head. The pain was in the center of his neck especially with extension of his neck and shoulders and with lifting of his grandchild. Exam findings revealed intact motor, decreased sensation in the left C7 distribution and intact reflexes. There was tenderness noted to the cervicothoracic junction. There was no spasm. The claimant had pain with twisting to the left. With shoulder abduction, the claimant had pain with abduction greater than 90 degrees. Supraspinatus testing was positive. Hawkins test was positive. Impression was recurrent cervical pain, possible recurrence of cervical radiculopathy and may be some shoulder impingement. Dr. noted that the claimant did well following his cervical epidural steroid injection and that the previous electromyography showed right C6-7 radiculopathy which was mild and subacute and now the claimant had a problem in both arms. Dr. recommended a repeat cervical MRI.

The 03/12/07 cervical MRI showed the cervical vertebrae were normally positioned and aligned and within marrow signal. No compressive soft disc pathology was observed

within the cervical canal. A mildly compressive soft disc bulge was noted at T1-2. The cervical and upper thoracic canal was normal in volume, and no significant intradural findings were observed. The 03/23/07 cervical spine x-rays, 7 views, showed mild degenerative disc disease with mild bony neural foraminal stenosis.

A follow up visit on 03/23/07 with Dr. documented neck pain with radiation into both arms in a C7-8 distribution, more on right than left. Exam findings revealed decreased sensation to the left C7 distribution and no weakness. Dr. felt that the MRI showed mildly compressive soft tissue bulge at T1-2. Diagnosis was cervical pain with cervical radiculopathy. A cervical epidural steroid injection was recommended.

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

Based on the information reviewed, there is medical necessity for the cervical epidural steroid injection. Records reflect that this claimant has a previous good response to a 2006 cervical epidural steroid injection. It appears that the claimant has had a recurrence of his upper extremity and neck pain in 2007. The claimant has sensory changes on examination and electromyographic evidence of C6-7 radiculopathy. Therefore, the requested cervical epidural steroid injection is recommended as medically necessary.

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 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)
 - Orthopedic Knowledge Update, Spine chapter 22, page 194-195