



IMED, INC.

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IRO REVIEWER REPORT

DATE OF REVIEW: 04/04/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Request for a series of two (2) cervical epidural injections with fluoroscopy and four to six (4-6) trigger point injections.

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

Texas License and currently on TDI DWC ADL.
Board Certified in Pain Medicine/Anesthesiology

REVIEW OUTCOME:

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. 07/26/02 – MRI of the cervical spine by M.D.
2. 11/13/02, 12/31/02, 02/04/03, 03/04/03, 04/08/03, 05/15/03, 06/12/03, 07/22/03, 09/09/03, 10/21/03, 12/02/03, 01/13/04, 03/16/04, 07/13/04, 07/30/04, 08/13/04, 10/19/04, 12/21/04, 02/15/05, 03/29/05, 06/23/05, 08/29/05, 09/06/05, 11/01/05, 12/13/05, 03/07/06, 06/06/06, 07/25/06, 09/05/06, 10/31/06, 12/05/06, & 02/06/07 –M.D.
3. 02/20/07 –Insurance Company, utilization review, rationale, and findings.
4. 03/02/07 –Insurance Company utilization review, rationale, and findings.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The medical records indicate an injury . The employee has been under the care of Dr..
A previous MRI of the neck on 07/26/02 revealed annular disc protrusions at C3-C4, C4-C5, and C5-C7 resulting in slight flattening of the anterior aspect of the thecal sac with hypertrophy of the ligamentum flavum.

The initial consultation with Dr. was on 05/14/02 with neck pain, right arm pain, low back pain, and leg pain.

Cervical epidurals and trigger point injections were recommended in December, 2002. The employee also underwent lumbar injections.

The employee was referred for lumbar discography in June, 2003 which was positive at L4-L5 and L5-S1. He recommended IDET.

The employee underwent IDET in September, 2003.

Surgical epidural steroid injections were recommended in 2004, as well as ongoing trigger point injections including a trial of Botox.

The last record reviewed in February, 2007 indicated trigger point injections with Toradol and a recommendation for further epidurals and trigger point injections.

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

The request for cervical epidural steroid injections at this time is not consistent with *Spine Treatment Guidelines* and is not appropriate. *Official Disability Guidelines* as well as *ACOEM Guidelines* indicate that there is a reasonable indication for epidural injections when there is presence of neurologic function either objectively on examination and/or electrophysiologically with EMG testing, as well as pathoanatomical with MRI study or myelogram. There was nothing in the records which indicates any such involvement of the neurologic system, no documentation of any neurologic function, or radicular tension signs. Furthermore, the use of epidurals is controversial in a chronic stable setting without neurologic dysfunction.

Therefore, the request for cervical epidural steroid injection studies is not reasonable or necessary. A trial of trigger point injections at this time is not superior to a home exercise stretching and stabilization program according to *Spine Treatment Guidelines* this far out from injury in the chronic phase. Therefore, there is no necessity for epidural and trigger point injections at this late date.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

- A. *Official Disability Guidelines*
- B. *ACOEM Guidelines*
- C. *Spine Treatment Guidelines*