
Notice of Independent Review Decision

DATE OF REVIEW: 8/22/07**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Cervical C7 epidural steroid injection.

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

This case was reviewed by a board certified orthopedic surgeon on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal.

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)

<i>Primary Dx Code</i>	<i>HCPCS/ NDC</i>	<i>Units</i>	<i>Begin/End Date</i>	<i>Type Review</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Uphold / Overturned</i>
722.0	62310		6/11/07-6/14/07	Prospective				Upheld
722.0	62310		6/26/07-6/29/07	Prospective				Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for Independent Review by an Independent Review Organization forms – 8/7/07
2. Determination Notices – 6/11/07, 6/26/07.
3. Records and Correspondence from Diagnostic and Treatment Center – 5/15/07-7/31/07

4. Records and Correspondence from Radiological Association – 4/21/07, 5/15/07, 6/4/07
5. Records and Correspondence from RN – 4/4/07
6. Records and Correspondence from Radiological Association – 6/4/07
7. Records and Correspondence from Services – 7/30/07

PATIENT CLINICAL HISTORY:

This case concerns an adult female who sustained a work related injury on xx/xx/xx. Records indicate the member sustained injury to her neck and back due to trauma. The records do not provide information regarding the circumstances of this injury. Diagnoses have included low back and neck pain, bulging cervical disc, cervical spondylosis, and depression. Evaluation and treatment for this injury has included physical therapy and medications.

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

This is a case of degenerative cervical neck pain with multiple levels of degenerative disc disease. There is no neurological deficits documented in the case file records. Cervical steroid injections are considered investigational for treatment of neck pain. The literature does not support the use of cervical steroid injections for treatment of this patient's condition. The Official Disability Guidelines (ODG) indicate one should consider epidural steroid injections only in severe cases and to avoid surgery. This is not a case where surgery or epidural steroid injection are appropriate.

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)**

van Tulden MW, et al. Outcome of invasive treatment modalities on back pain and sciatica: an evidence-based review. Eur Spine J. 2006 Jan;15 Suppl 1:S82-92.