



IMED, INC.

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DATE OF REVIEW: 08/02/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: C7 transforaminal epidural steroid injection with fluoroscopy.

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 Management
Board Certified in Anesthesiology
Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME:

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

Overtured – C7 transforaminal epidural steroid injury with fluoroscopy is reasonable .

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. xx/xx/xx – Open MRI, M.D.
2. xx/xx/xx – Radiology consultation report, M.D.
3. 11/22/06 – M.D.
4. 12/29/06 – MRI of the cervical spine, M.D.
5. 03/01/07 – M.D.
6. 03/05/07 – M.D.
7. 03/26/07 Thru 06/01/07 – M.D.
8. 04/04/07 – M.D.
9. 06/01/07 – M.D.
10. 06/25/07 – Letter from.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The medical records reviewed indicate a MRI of the neck on xx/xx/xx revealed mild spinal stenosis at C5-C6 and C6-C7 with central bulging of the disc and left sided paracentral disc protrusion at C5-C6. There was also a moderate to severe degree of left foraminal narrowing and mild on the right.

An Independent Medical Evaluation (IME) was performed by Dr. on 11/22/06. It was indicated that the employee had undergone cervical fusion with resolution of left arm numbness. It appeared the employee returned to work sometime in August, 2006. The date of injury is listed as xx/xx/xx. The opinion at that time was aggravation of degenerative disc disease status post fusion.

Repeat imaging studies were performed on 12/29/06 revealing the employee was status post cervical fusion at C5-C6 with mild disc bulge at C6-C7 and degeneration at C4-C5.

The employee was seen again by Dr. on 03/26/07 indicating probable left C7 radiculopathy. The employee was experiencing neck pain and left intrascapular pain, no numbness or weakness of the arm. The recommendation was for injection.

A repeat IME by Dr. was performed on 04/04/07 indicating Maximum Medical Improvement (MMI) with a 15% impairment rating.

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

Essentially, the employee has undergone a cervical fusion and has continued neck pain with some radicular pain. There is a possibility of radiculopathy at C7. MRI studies have revealed mild disc bulging.

The recommendation for a C7 transforaminal epidural steroid injection or selective nerve block is quite reasonable and appropriate given the employee's current clinical symptomatology, clinical complaints, and imaging studies. For this reason, a C7 epidural steroid injection is consistent with *Official Disability Guidelines*, *Spine Treatment Guidelines*, and *ISIS Guidelines* as well.

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. *Spine Treatment Guidelines*
- C. *ISIS Guidelines*