

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** DECEMBER 17, 2007

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of cervical ESI C7-T1

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
723.1	62310		Prosp	1					Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-16 pages

URA records- a total of 18 pages of records received to include but not limited to: report, 10.2.07, 10.11.07, ODG guidelines noted; preauth request, 10.29.07,11.12.07; Notes, Anesthesia and Pain Services, 9.22.07; MRI C spine 9.10.07;notepad listing 9.26.07;

Respondent records- a total of 78 pages of records received to include but not limited to: Request for an IRO; first report of injury,xx/xx/xx; incident report; Notice of Dispute 8.2.07; Peer review, 9.26.07; various DWC 73 forms; Notes, Anesthesia and Pain Services, 9.22.07; Practice and rehab, notes,7.2.07-10.15.07; report, 10.2.07, 10.11.07 ODG guidelines noted; preauth request, 11.12.07; MRI C spine 9.10.07; Dr., 10.8.07; preauthorization report, 8.15.07

Requestor records- a total of 15 pages of records received to include but not limited to: Notes, Anesthesia and Pain Services, 9.22.07-11.28.07; Practice, notes, 9.18.07; report, 10.2.07, 10.11.07; preauth request, 11.12.07; MRI C spine 9.10.07; Dr., 10.8.07

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient's pain started three to six months after an accident at work. It was located in neck and shoulder and also in the left side. Injury was a result of hit and fell into a dolly. The pain was described as a sharp aching pain that was constant. Pain was better with medications and worsened when she moved her neck.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

Per Dr. 9.22.07 exam:

Revealed full range of motion of the neck with 50 degrees of rotation, extension to 45 degrees, flexion to 50 degrees with complaints of pain. Pain traveled to the neck, shoulder, and down to her hands. Biceps and triceps reflexes were normal. Strength was normal to 1 grade weak in the left in multiple dermatomes including muscles of abduction, adduction, internal and external rotation, elbow flexion and extension, all were associated with pain and multiple palpable trigger points. With an assessment of: Neck pain with radicular symptoms and myofascial pain.

There is no distinct area of radicular pain in a radicular pattern. No particular nerve root of radiation described or supported. No evidence of radiculopathy. Generalized neck pain and muscle pain. Based on ODG guidelines, the documented exam does not support a diagnosis of radiculopathy and therefore, does not meet the criteria for epidural steroid injection.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES