

IRO Express Inc.

An Independent Review Organization

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DATE OF REVIEW: 12/10/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical epidural steroid injection on the left at C4/C5, catheter-assisted.

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

M.D., neurologist, fellowship trained in Pain Management, board certified in Neurology and Pain 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Preauthorization decision dated 11/06/07 as well as 11/19/07
2. Office notes from Dr. dated 10/29/07 and 10/19/07
3. MRI scan report of the cervical spine without contrast dated 10/30/07
4. Letter by Dr. dated 11/09/07 requesting reconsideration of denial
5. Summary dated 11/28/07 by Dr.
6. Log note (assumed to be working with Dr.) dated 11/01/07
7. No ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant sustained a work-related injury resulting presumably in some neck pain that radiated into the right shoulder and "behind the left ear", but does not necessarily radiate into the upper extremities. Primary complaint appears to be neck pain, presumably axial, along with some "neck stiffness and neck weakness," according to office notes on 10/29/07. Examination on that date does not reveal any sensory, motor, or reflex deficiencies in the upper extremities. MRI

scan of the cervical spine reportedly shows some mild degenerative disc disease at C4/C5 and C5/C6 as well as some foraminal narrowing noted at the left C4/C5 and right C5/C6 levels as well as some mild canal stenosis at C5/C6. Also noted is some loss of the normal cervical curvature. The left-sided C4/C5 foraminal narrowing is described by the radiologist as “moderate severe” on the left and “mild moderate” on the right at C5/C6. The radiologist also mentioned that there is “no evidence of nerve root impingement or spinal cord compression.”

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

This claimant does not appear to be exhibiting any symptoms or signs of cervical radiculopathy. A left-sided C4/C5 foraminal compression would be expected to result in a left C5 radiculopathy, which could be expected to result in symptoms traveling into the left shoulder. A mild to moderate foraminal narrowing at C5/C6 on the right could be expected to involve the exiting C6 nerve root, which would be expected to result in symptoms traveling down the right arm, perhaps into the thumb or index finger. The claimant does not appear to be describing either of these distributions of pain, numbness, or tingling, and does not demonstrate any neurological compromise on examination. Therefore, the Reviewer agrees with previous reviewers that there is no significant clinical presentation of radiculopathy that would warrant the requested service of epidural steroid injection at the left C4/C5 level.

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)**