

C-IRO, Inc.
An Independent Review Organization
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Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 26, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

C5-6 bilateral transforaminal epidural steroid injection with fluoro.

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

M.D., Board Certified Orthopedic Surgeon

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

TWCC 10/30/07, 10/02/07, 11/05/07
Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Neck and Upper Back
ESI Lumbar 06/14/07, 08/23/07
Dr. 07/24/07
Dr. 04/10/07
X-ray 03/02/07
MRI 03/19/07
Dr. 03/21/07, 03/07/07
Dr. 05/02/07, 06/13/07, 07/13/07, 08/08/07, 09/10/07, 09/19/07, 10/15/07
EMG 05/17/07

Dr. 08/31/07
ESI Cervical 09/04/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year old injured in a MVA on xx/xx/xx. She has been treated for cervical pain and lumbar pain. X-rays of the cervical spine on the day of injury showed there was normal alignment and the height of the disc spaces was well maintained with no spondylosis present. A 03/19/07 MRI of the cervical spine showed multilevel spondylosis, mild canal stenosis at C4-5, 5-6 and 6-7; moderate bilateral foraminal narrowing at C3-4 and moderate left foraminal narrowing at C5-6 and 6-7. She was treated with therapy and medications.

The claimant then came under the care of Dr. apparently in May of 2007 for back pain, neck pain and bilateral shoulder pain as well as thoracic pain. Axial compression caused pain into bilateral upper extremities, with a positive Spurling, and decreased sensation and strength. ESI and TENS were recommended as was an EMG. The EMG was done on 05/17/07 but included just the lower extremities. On the 06/13/07 and 07/13/07 Dr. documented that there was normal strength and sensation as well as reflexes although Spurling remained positive as did axial compression.

On 08/31/07 Dr. saw the claimant for an independent evaluation for ongoing neck and low back pain. She noted that the claimant was still taking medications and refused to sit down for the history taking as she said it increased her pain. On examination there claimant made no effort to move the cervical spine against resistance. Strength was 5+/5. There was decreased sensation in the left lateral upper arm and increased sensation in the left lateral lower arm to sharp touch; light touch was intact. Reflexes were normal. Waddells were positive with 7 of 8.

On 09/04/07 the claimant had a right C5-6 ESI and saw Dr. on 09/10/07 reporting that the IME examination had increased the low back and leg pain. The examination remained unchanged. ON 09/19/07 Dr. referred the claimant for psychological counseling. He saw her again on 10/15/07 and had reviewed the IME. Dr. noted that the trascriptionist had made mistakes on the templates and that the claimant indeed had numbness in the C5-6 dermatome. Cervical ESI were again requested but have been denied.

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

C5-6 bilateral transforaminal epidural steroids under fluoroscopic evaluation and assistance, does not appear to be medically necessary and appropriate. I would uphold the previous determinations. This is a xx-year-old female who based on the independent medical evaluation on 08/31/07 demonstrated symptom magnification and inappropriate exam findings on Waddell's testing, which raises suspicions of this claimant's true intent given the medical condition improved. There is an addendum on 10/15/07 to reflect numbness in the C5-6 dermatome. There are non-dermatomal abnormalities noted on Dr. independent medical evaluation. Advanced imaging of the spine demonstrates multilevel arthritic changes, mild central canal stenosis at three levels, moderate bilateral foraminal narrowing at C3-4 and moderate left foraminal narrowing at C5-6, C7. There is documented normal strength examination. It is unclear what benefit epidural steroid injections will have. Psychological counseling is unavailable for review and I think that this is crucial in assessing for secondary gain and ruling out other confounding factors, which would greatly impact her overall treatment.

Based on these medical records, I do not think that the risk of undergoing transforaminal epidural steroids is appropriate and reasonable.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Neck and Upper Back-

Recommended as an option for treatment of radicular pain

Criteria for the use of Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.
2. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).
3. Injections should be performed using fluoroscopy (live x-ray) for guidance
4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.
5. No more than two nerve root levels should be injected using transforaminal blocks.
6. No more than one interlaminar level should be injected at one session.
7. In the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year.
8. Repeat injections should be based on continued objective documented pain and function response.
9. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.

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)