

DATE OF REVIEW: 07/26/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical epidural steroid injection (62310, 77003, 01992).

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology with current Certificate of Added Qualifications in Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

The services are not medically necessary per the ODG Pain Chapter for the use of epidural steroid injection. Radiculopathy must be documented by physical examination and corroborated by the imaging studies and/or electrodiagnostic testing. This criteria is not met.

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial: initial (undated) 05/30 & 06/25/2007
3. Treating doctor's (TD) requests for reconsideration: 06/12 & 07/09/2007
4. MRI cervical spine: 08/18/2005
5. TD's office notes: 05/14 & 06/20/2007
6. TD's history & physical: xx/xx/xx, 07/29/2005, 05/15 & 06/02/2006

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is a female with right neck and shoulder pain, cervicogenic headache, and also low back pain. An MRI scan from xx/xx/xx shows a disc bulge asymmetric towards the left at C6/C7 without foraminal or neural impingement. The other levels were unremarkable. The pain diagram, exhibit 1, from 06/20/07 shows pain in the cervical region bilaterally and the right trapezius, right deltoid, and right proximal arm. There is also diffuse thoracic spine pain, lumbar spine pain, and radiation to the posterior thighs bilaterally. Physical examination revealed no neurological deficit.

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

Per ODG Pain Chapter and also the Evidence-Based Practice Guidelines in the Management of Chronic Spinal Pain in Pain Physician 2007, Volume Ten, Number One, pages 7-111 stipulate that radicular pain should be documented to consider epidural steroid injections. This patient has right neck, shoulder, and proximal arm pain that could be considered a C4/C5 radicular pattern. There is no pathology on MRI scan to corroborate radiculopathy at this level. There is a diffuse disc bulge at C6/C7 slight eccentric to the left, which could conceivably cause radiculopathy on the right, but there is no evidence of C7 radiculopathy on physical examination. Therefore, this procedure is not reasonable.

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

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature: Evidence-Based Practice Guidelines in the Management of Chronic Spinal Pain in Pain Physician 2007, Volume 10, Number 1, pages 7-111.
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)