

Parker Healthcare Management Organization, Inc.

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DATE OF REVIEW: JULY 26, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of cervical epidural steroid injection (62310) under fluoroscopy

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)
XX 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
722.81	62310		Prop						Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 12 pages of records received to include but not limited to:
Texas mutual letter 7.9.07, 6.18.07, 7.2.07; provider list

Requestor records- a total of 65 pages of records received to include but not limited to:
Neuroscience and Spine notes, 3.2.04-5.29.07; notes, Health System, 3.2.05-3.4.05; X-ray c-spine, 4.1.05, 6.8.05, 9.8.05, 6.21.06, 10.10.06, 2.20.07; ct 8.11.06; c-spine, 6.21.06, 10.31.05, 11.29.04; MRI RT SLDER 12.16.04; MRI brain 3.11.04, 9.10.04; MRA 3.11.04; CT chest 3.11.04; C-spine ESI 10.24.05

PATIENT CLINICAL HISTORY [SUMMARY]:

This gentleman was injured in an explosion. He sustained burns and had cervical foraminotomies at 2 levels. He has received care and surgery. He initially did well and developed a recurrence of radicular septums and had a repeat EMG of obvious radiculopathy at C6 and C8. He underwent an epidural steroid injection of the cervical spine on 05/29/2007. The results of that are not available, but his radicular symptoms are well documented.

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.

Using the ODG guidelines and the ISIS guidelines, it is appropriate to proceed with a second epidural steroid injection. Even though the ODG guidelines indicate that he should have at least 50% relief for 6-8 weeks for a procedure to be considered effective, those guidelines are based on a series of injections. Each individual injection has potential or lack of potential for relief. One unsuccessful injection does not exclude a repeat injection x 1. Therefore, at least one more injection would be reasonable and appropriate to treat this condition. Additionally, it would be reasonably appropriate to do a series of 3 injections, and have to wait at least 6 months for any additional procedures to be completed.

Based on this individual's documented clinical history of problems with radiculopathy, he qualifies for cervical epidural steroid injection. Even if the first epidural did not give him dramatic relief, he would warrant at least one additional trial before that procedure should be aborted, because there are no other meaningful possibilities of treatment.

FURTHER COMMENTS: Even though epidural steroid injections do not cure the patient's symptoms, they do control symptoms and allow the patient to participate in other meaningful forms of therapy like increased exercise, physical therapy, and strengthening when their symptoms are controlled. They also give a positive impact on the patient's life and allow them to increase function which can include return to work and return to educational activities. Therefore, this is a reasonable and necessary procedure.

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

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

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

XX 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)

XX OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (International American Spine Injection Society treatment guidelines)