

C-IRO, Inc.

An Independent Review Organization
7301 Ranch Rd 620 N, Suite 155-199
Austin, TX 78726

IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW:

JULY 19, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

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

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Office note, Dr., 12/18/06

Office note, Dr., 12/20/06

Physical therapy notes, 12/20/06, 01/12/07, 01/19/07, 01/26/07, 01/29/07 and 03/02/07

Left and right shoulder and cervical spine MRI, 12/22/06

Cervical spine MRI, 12/22/06

Office notes, Dr., 12/22/06, 01/05/07, 01/26/07k 01/31/07, 03/09/07, 04/04/07, 05/21/07 and 06/07/07

History and physical, Dr., 01/31/07

Office notes, Dr., 02/20/07, 04/04/07

Independent Medical Evaluation, Dr., 03/20/07

Office note, Dr., 04/16/07

HEALTH AND WC NETWORK CERTIFICATION & QA 9/27/2007
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Prescription for Vicodin, 05/07/07
Office note, Dr., 05/18/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who was injured. The claimant treated with Dr. for right arm complaints. Examination findings revealed intact motor and sensory, moderate swelling of the thoracic region on the right. There was tenderness and decreased motion of the thoracic spine. Lumbar and right shoulder x-rays were negative. The diagnosis was back and buttock contusion. The claimant saw Dr. of pain management for complaints to his neck, upper back, both shoulders and arms. The claimant noted an increase in symptoms with radiation to the arms, right greater than left. The pain extended just below the elbows. Exam findings revealed a positive Spurling on the right, tenderness about the scalene musculature right greater than left and bilateral positive impingement sign. There was marked diminution of the right biceps. Diagnoses included cervicothoracic strain syndrome, right cervical radiculitis and bilateral shoulder sprains secondary to the injury. Dr. recommended MRI's, medication, physical therapy and off work.

The MRI of the left shoulder showed mild acromioclavicular arthropathy and small interstitial tear of the supraspinatus tendon anteriorly at its insertion. The 12/22/06 MRI of the right shoulder showed minimal tendinopathy of the distal supraspinatus and infraspinatus tendons. There was minimal subacromial subdeltoid bursal effusion. This was non specific and was possibly consistent with mild bursitis. There was mild acromioclavicular joint arthropathy. The MRI of the cervical spine showed reversal of normal cervical lordosis which reflected muscle spasm. There was mild multiple level degenerative disc changes with spondylosis, most pronounced from C3 to C6. There was minimal posterior bulging at a few levels but there was no spinal stenosis or neural impingement. There was mild neural foraminal narrowing on the left at C3-4 secondary to spurring of the joints of Luschka.

On 12/22/06, Dr. reviewed the MRI's. Dr. felt that the cervical MRI showed several disc bulges and a disc protrusion at C4-5 and the shoulder MRI's showed a very small tendon the left with evidence of bursitis and no tear on the right. Dr. recommended a Medrol dose pack, physical therapy and off work. On 01/26/07, Dr. referred the claimant to Dr. for consideration of cervical steroid injections. Dr. evaluated the claimant on 01/31/07 for persistent neck and back pain. Examination findings revealed diffusely tender with trigger points about the upper back, shoulders and cervical spine. Diagnoses was subacromial bursitis and cervical radiculopathy. Dr. performed a cervical epidural steroid injection at C5 and bilateral shoulder subacromial injections.

Dr. performed an independent medical examination on 03/20/07. Exam findings revealed evidence of myofascial pain, right shoulder tightness and no cervical radiculopathy. Diagnosis was cervical and thoracic sprain/ strain for the work injury which was slowly resolving. Additional diagnosis was degenerative disc disease of the cervical spine, not work related. Dr. recommended aggressive remobilization through return to work and no additional epidural steroid injections, consults or diagnostics. On 04/04/07, Dr. documented a positive response to the initial set of injections. The claimant reported asymptomatic left neck and shoulder and although the right shoulder was improved he still had significant pain occasionally radiating down the right arm. Of note, there was a missing part to the 04/04/07 dictation. Dr. recommended a second set of cervical steroid injections and right subacromial injections. On 06/07/07, Dr. saw the claimant who

reported pain in his legs which occasionally occurred with tilting of his head forward. Off work was continued.

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

The Reviewer does not think that it is appropriate to proceed with the above requested injection therapies.

Cervical epidural steroid injections, right shoulder subacromial injection do not seem to be medically necessary or reasonable at this present time. This claimant has had conservative care. He has had previous epidural steroid injections with relief less than 50 percent, as well there are no radicular complaints associated with this. This is neck pain. As such this does not meet the ODG guidelines and does not fall within the standard of care of practice as this pain appears to be more myofascial per documentation in the medical records.

With regard to the shoulder there is no evidence of rotator cuff pathology on examination. The claimant has shoulder pain but there is no specific examination demonstrating impingement or rotator cuff weakness. The MRI of the shoulder demonstrates no clear tendinopathy and findings were noted to possibly be within normal limits. Based on the absence of examination findings and the soft MRI report of findings the Reviewer does not think that it is reasonable to proceed with a subacromial injection.

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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

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

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)