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IRO REVIEWER REPORT

DATE OF REVIEW: 03/07/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Denied Services: 01992

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

Texas License and currently on TDI DWC ADL.
Board Certified Neurosurgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- xx/xx/xx-9/28/06 Medical records from Dr. and medical records from Dr. (Comprehensive Pain Management).
- Administrative paperwork.
- Procedure report dated 09/28/06.

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is male with a reported date of injury. On this date, the employee was employed as a mechanic on a concrete truck and was changing a spring. He reported the onset of burning pain into his left shoulder and neck while lifting on the spring.

The employee was initially treated by Dr. and prescribed oral medications and placed on light duty.

The employee was eventually referred to Dr. in September, 2003 and eventually underwent an anterior cervical fusion on 11/04/03. Postoperatively, the employee did not report any improvement in his pain.

The employee was seen by Dr. on 01/12/04. At that time, the employee reported the above history. He indicated that he made no improvement with surgery. The claimant has continued neck pain with radiation into the left shoulder which seemed to be exacerbated with driving. In the past, the employee has utilized physical therapy with no significant improvement. He has previously undergone a shoulder injection on the left side with no noted benefit.

An MRI was performed on 12/15/03 and was reported to indicate an anterior fusion with incomplete fusion with bilateral neural foraminal stenosis at C5-C6. There were postoperative changes noted with spinal stenosis at C5-C6 with mild improvement compared to the preoperative study.

The employee's past medical history was positive for a cyst on the right lung, diverticulitis, diabetes mellitus, and vision loss in the right eye.

Upon physical examination, the employee was in no acute distress. He was alert and oriented times three. His neck was supple with no adenopathy. A right anterior neck scar was noted. The employee had an equivocal Spurling's on the left side with increased pain in the base of the neck. Overall, the claimant had full range of motion. Deep tendon reflexes were trace bilaterally in the biceps, brachioradialis, and triceps. Toes were down-going bilaterally. Motor was nonfocal with 5/5 strength in the bilateral upper extremities. The employee was diagnosed with cervicalgia, cervical spinal stenosis, cervical radiculopathy, and left shoulder pain. The employee was recommended to undergo a trial of cervical epidural steroid injections. The records indicate that the employee was largely treated with oral medications.

The employee eventually underwent a right C6 transforaminal epidural steroid injection on 09/28/06. The available records indicate that the employee was treated under MAC anesthesia.

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

The available medical records do not support the use of MAC monitoring for the employee's chronic complaints.

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

American Society of Interventional Pain Physicians Practice Guidelines. *Pain Physician*, Volume 4, Number 1, pp 24-98, 2001.