IRO America Inc.

An Independent Review Organization
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DATE OF REVIEW: MAY 3, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
cervical epidural steroid injection

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

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
Case Assignment from TDI, and Info submitted from the Carrier and/ or URA including denial letters.
Office note, Dr. 01/14/02
Office notes, 04/10/02, 05/2302, 08/08/02, 09/05/02, 10/17/02, 11/11/02, 05/05/03, 08/18/03, 10/09/03, 12/01/03, 01/08/04, 03/22/04, 03/01/07 and 03/26/07

PATIENT CLINICAL HISTORY [SUMMARY]:
This claimant underwent a two level cervical fusion for disc disease with root compression. Since that time, the claimant has had chronic neck pain treated with intermittent epidural steroid injections which provided temporary relief. A cervical MRI

done on 01/24/04 showed some left C6-7 foraminal stenosis, some diffuse bulging at C3-4 and post- operative changes from C4- C6 with no evidence of herniated disc, stenosis or root compression.

An evaluation on 03/01/07 revealed the claimant with aching pain in the neck, shoulders and arms. On examination, there was some diminished mobility of the neck. Neck bending caused some aching pain in the shoulders and down the arms. The claimant was diagnosed with chronic mechanical cervical syndrome, post – traumatic, with radiculopathies. Treatment options were discussed. A cervical x-ray and epidural steroid injections were recommended and medications prescribed. On a 03/26/07 follow up physician visit, the claimant was no better. The claimant was trying to work but had difficulty due to pain. A cervical epidural steroid injection again was recommended.

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

After a careful review of all medical records, the Reviewer's medical assessment is that this individual has had chronic axial neck pain since 1996. There is no indication for epidural steroid injections for chronic axial neck pain. There is no documentation of radiculopathy. Epidural steroid injection could be approved with a neural compressive etiology with radicular arm and/or leg pain but are not used for chronic axial back pain. Therefore, the Cervical ESI in not medically necessary.

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 Fourth Edition Treatment in Worker's Compensation 2006 p. 1114

☐ 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)