



DATE OF REVIEW: 5/3/2007
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

- 1. Cervical epidural steroid injection under fluoroscopy.

QUALIFICATIONS OF THE REVIEWER:

This reviewer attended the University and later graduated as a Doctor of Osteopathy from the University of the Health Sciences, College of Osteopathic Medicine. He did his residency and fellowship at the University. He is board certified in Anesthesiology and Pain Management and has medical licenses in both New York and Texas. He is also a member of the Osteopathic Association, Pain Management, Board of Anesthesiology, and Board of Pain Medicine.

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)

- 1. Cervical epidural steroid injection under fluoroscopy. Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notice to utilization review by dated 4/18/2007
2. Verification report dated 4/16/2007
3. Request form dated 4/17/2007
4. Request form dated 5/28/2005
5. Request for review dated 4/9/2007
6. Clinical note dated 4/18/2007
7. Clinical note dated 4/18/2007
8. Clinical note dated 2/1/2007
9. Pre- authorization request dated 1/29/2007- 2/28/2007
10. Follow up note by MD, dated 1/26/2007
11. Imaging report by MD, dated 12/22/2006
12. Imaging report by MD, dated 12/22/2006
13. neurological evaluation by MD, dated 1/10/2007
14. Clinical note by RN, dated 3/2/2007
15. Clinical note by RN, dated 3/2/2007
16. Pre-authorization request dated 2/23/2007-3/23/2007
17. Reconsideration letter dated 2/12/2007
18. Imaging report by MD, dated 12/22/2006
19. Imaging report by MD, dated 12/22/2006
20. Clinical note by DC, dated 2/12/2007
21. Reconsideration MD, dated 2/12/2007
22. Clinical note dated 04/18/2007

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23. Review organization (IRO) note dated 04/17/2007
24. Review organization note dated 04/09/2007
25. Clinical note by RN dated 02/01/2007
26. Clinical note by RN dated 03/02/2007
27. Case assignment note by dated 04/18/2007
28. Clinical note dated 04/18/2007
29. Reconsideration letter by MD, dated 02/12/2007
30. Follow up note by MD, dated 01/26/2007
31. initial patient consult MD
32. Progress note dated 01/09/2007 to 01/26/2007 multiple dated
33. Imaging report by MD, dated 12/22/2006
34. Imaging report by MD, dated 12/22/2006
35. Neurological evaluation by MD, dated 01/10/2007
36. Patient information and history
37. Health history dated 01/09/2007
38. Independent review organization by dated 04/18/2007

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The worker is a female who suffers from cervical discogenic pain and cervical radiculopathy. The pain radiates into the interscapular shoulder area and is rated as a 6-7/10 with tingling and burning sensation. A physical examination revealed gross cervical paraspinous muscle spans bilaterally with tenderness upon palpation. There was also restriction of motion for flexion, extension, and rotational movement over the cervical spine. Her provider recommended cervical epidural steroid injections.

At this time, the request for a cervical epidural steroid injection under fluoroscopy is under review.

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

The claimant has signs and symptoms that support definitive nerve root involvement. The claimant has a confirming MRI showing multiple disc bulges that could be causing a radicular component. It is true there are no EMG findings and the bulges are not large, but there has never been a good correlation between disc bulge size and pain. The claimant has radicular signs and symptoms with documented cervical bulges. Per the pain management practice management practice policies and the ODG guidelines, the injections mentioned can be use for diagnostic purposes to find the pain generator to help further the treatment plan and for palliative relief when other less invasive treatments have been tried. This less invasive treatment has been documented in the medicals like physical therapy and medications. Accordingly, the denial is overturned.

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
- X** MILLIMAN CARE GUIDELINES
- X** 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
- X** PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- X** OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Interventional Pain Management Second Edition, Steven Waldman, MD, JD 2001

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AMR Tracking Num