

Date of Review: **10/11/2007**

IRO Case #:

Description of the Service or Services in Dispute:

**Cervical spine epidural steroid injection**

A Description of the Qualifications for Each Physician or Other Health Care Provider Who Reviewed the Decision:

**The TMF physician reviewer is board certified in anesthesiology/pain management, is on the TDI-WC approved doctor's list, and is familiar with the treatment or proposed treatment.**

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.**

**It is determined that the cervical spine epidural steroid injection is not medically necessary to treat this patient's condition.**

Information Provided to the IRO for Review:

- **Information for requesting a review by an IRO –09/21/07**
- **Letter of determination from – 08/09/07, 09/05/07**
- **Request for reconsideration – 08/21/07**
- **Office visit notes from Dr. – 06/08/07 to 08/16/07**
- **Report of MRI of the cervical spine – 11/16/06**
- **Report of MRI of the left shoulder – 11/16/06**

- **Office visit notes from Dr. – 03/05/07**

Patient Clinical History [Summary]:

**This patient sustained a work related injury on xx/xx/xx when he was restacking pallets felt a pop in his neck and started having neck pain and hand weakness and numbness. He has been diagnosed with C5-6 and C6-7 changes with multilevel degenerative disc disease, and bilateral neural foraminal narrowing. The patient has been treated with medications, TENS, and cervical epidural blocks under fluoroscopy.**

Analysis and Explanation of the DECISION INCLUDE clinical basis, Findings and Conclusions Used to Support the Decision:

**This patient has bilateral arm pain with foraminal stenosis per MRI. An epidural steroid injection (ESI) performed in late June resulted in 20% relief. A repeat ESI on 07/19/07 resulted in improvement in arm numbness but the neck pain persists as noted in office notes of 08/02/07. Per the American Society of Interventional Pain Physicians (ASIPP) guidelines, an ESI should be performed only if radicular pain is present. This patient has only cervical pain remaining which would make a third ESI medically unnecessary.**

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 judgment, clinical experience and expertise in accordance with accepted medical standards**
- Mercy Center Consensus Conference Guidelines**
- Milliman care guidelines**

- 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)**
- Other Evidence based, scientifically valid, outcome focused guidelines (provide a description):**

**American Society of Interventional Pain Physicians (ASIPP) guidelines.**