

# True Resolutions Inc.

An Independent Review Organization

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**DATE OF REVIEW:** 10/04/07

**IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Cervical epidural steroid injections and Trigger Point Injections under fluoroscopy IV sedation.

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

M.D., Neurologist and fellowship-trained Pain Specialist, Board Certified in Neurology and 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)

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Review summary dated 09/14/07 in which requested service was noncertified
2. Notification of determination dated 07/27/07, which was also noncertified
3. Letter of Medical Necessity by Dr. dated 07/31/07, specifically requesting reconsideration for cervical and lumbar epidural steroid injection series Report of lumbar spine MRI scan done without contrast dated 06/14/07
4. Office notes from Dr. dated 07/19/07, 07/03/07, 06/20/07, 06/14/07, 06/13/07, and 06/12/07
5. No ODG Guidelines

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

This claimant sustained a work-related injury resulting in ongoing lumbar pain with radicular symptoms as well as ongoing neck pain. The MRI scan of the lumbar spine report does indicate spondylosis at multiple levels leading to a moderate central stenosis of the spinal canal at L1/L2 and mild bilateral neural foraminal stenosis at this level,

moderate stenosis of the spinal canal at L2/L3 with mild bilateral neural foraminal stenosis and mild bilateral neural foraminal stenosis at L5/S1. These areas of stenosis are due to combination of disc bulge as well as bone spurring. Though report is not available, some of the notes and summaries indicate cervical spine MRI results including disc bulges at multiple levels as well as bone spurring at multiple levels seen on MRI scan reportedly done on 08/24/07 but without further description as far as degree of stenosis upon the spinal cord or the exiting nerve roots at any of these levels. An MRI scan of the entire spine done on 06/19/06 reportedly did show foraminal stenosis due to a combination of disc bulge and bone spurring at multiple levels including C4/C5, C5/C6, and C6/C7 as well as a central disc bulge at C2/C3, which apparently contacted but did not deform the ventral surface of the cervical spinal cord at that level. The Reviewer is not clear as to whether EMG/NCV studies have been completed in the upper or lower extremities. The claimant has undergone a variety of treatment attempts including placement of a spinal pump for delivery of opioids as well as oral opioids, oral steroids, Duragesic patch, and apparently one lumbar epidural steroid injection done earlier this year that did provide relief but with additional injections deferred due to interference from other health conditions that required antiplatelet therapy. Apparently he has been cleared by his cardiologist to temporarily halt antiplatelet therapy so additional steroid injections now can be resumed. Notes by Dr. indicate that the claimant has implied some suicidal thoughts due to pain, but there appears to be a discordance with his actions in that he decided at that point to stop some of his oral pain medications. Also mentioned is a referral for neurosurgery consultation, but the Reviewer is not aware whether this has been completed.

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

There is no clear documentation in the records to suggest any significant cervical radicular symptomatology, and, therefore, the Reviewer agrees with the previous denial recommendations for cervical epidural steroid injection. There has been a question of “trigger point” injections also mentioned in the requested services. The Reviewer’s medical assessment is that there would be little to gain from trigger point injections at this point and therefore, they are 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
- 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)