



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 04/30/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Two outpatient cervical epidural steroid injections (62310 times two)

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

Board Certified in Orthopedic Surgery

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.

Two outpatient cervical epidural steroid injections (62310 times two) – Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

A nursing report from, R.N. dated 06/19/07

X-rays of the ribs interpreted by, M.D. dated 06/19/07
Discharge instructions from an unknown nurse (signature was illegible) dated 06/19/07
Evaluations with, M.D. dated 06/20/07, 06/26/07, 08/13/07, 08/27/07, 09/24/07, and 10/24/07
A referral note from Dr. dated 06/20/07
DWC-73 forms from Dr. dated 06/20/07, 06/26/07, 07/02/07, 08/13/07, 08/27/07, 09/24/07, 10/24/07, and 01/28/08
An MRI of the left shoulder interpreted by, M.D. dated 06/25/07
X-rays of the left shoulder interpreted by, M.D. dated 07/02/07
Evaluations with, M.D. dated 07/02/07, 09/27/07, and 02/07/08
DWC-73 forms with Dr. dated 07/02/07, 08/03/07, 08/30/07, 09/27/07, 10/25/07, 11/26/07, 01/10/08, and 02/07/08
An evaluation with, M.D. dated 07/11/07
A chest x-ray interpreted by, M.D. dated 07/11/07
An operative report from Dr. dated 07/20/07
A nursing note from, R.N. dated 07/21/07
Physical therapy with, P.T. dated 07/24/07, 08/06/07, 08/10/07, 08/14/07, 08/15/07, and 10/11/07
Physical therapy with, P.T.A. and, P.T. dated 08/08/07, 08/29/07, 09/06/07, 09/07/07, 09/12/07, 09/17/07, 09/19/07, and 10/09/07
Physical therapy with, P.T. dated 08/17/07 and 08/21/07
Physical therapy with, P.T.A. and Mr. dated 08/22/07, 08/24/07, and 10/01/07
Physical therapy with an unknown therapist (signature was illegible) dated 08/28/07, 10/03/07, 10/05/07, and 10/30/07
A progress note from Mr. dated 08/28/07
X-rays of the left shoulder interpreted by, M.D. dated 08/30/07
Evaluations with M.D. dated 11/19/07, 12/19/07, 01/15/08, and 01/28/08
DWC-73 forms from Dr. dated 11/19/07, 12/19/07, and 01/15/08
A physical therapy plan of care note from the unknown therapist dated 11/20/07
An evaluation with the unknown therapist dated 11/30/07
A discharge report from the unknown therapist dated 12/11/07
MRIs of the thoracic and cervical spine interpreted by, M.D. dated 01/27/08
Evaluations with, M.D. dated 02/11/08 and 03/12/08
An information sheet dated 02/11/08
An impairment rating evaluation with, M.D. dated 02/20/08
Notices of Intent to Issue an Adverse Determination forms from dated 03/17/08, 04/02/08, and 04/08/08
Letters of non-authorization, according to the ODG, from dated 03/18/08, 04/03/08, and 04/09/08
A Designated Doctor Evaluation with, M.D. dated 03/20/08
Preauthorization requests from Dr. dated 03/28/08
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On 06/19/07, the patient was discharged from the hospital with left rib and arm contusions. On 06/20/07, Dr. took the patient off work and prescribed Vicodin. An MRI of the left shoulder interpreted by Dr. on 06/25/07 revealed a suggestion of at least a partial tear of the supraspinatus tendon and AC joint arthrosis. X-rays of the left shoulder interpreted by Dr. on 07/02/07 revealed possible osteopenia. On 07/02/07, Dr. recommended left shoulder surgery. Left shoulder surgery was performed by Dr. on 07/20/07. Physical therapy was performed with Mr. from 07/24/07 through 10/11/07 for a total of six sessions. Physical therapy continued with Ms. and Mr. from 08/08/07 through 10/09/07 for a total of eight sessions. On 10/24/07, Dr. requested two more weeks of physical therapy. On 11/19/07, Dr. recommended Tramadol, physical therapy, and a home exercise program. MRIs of the thoracic and cervical spines interpreted by Dr. on 01/27/08 revealed small disc protrusions at T7 through T9 and C2-C3, C3-C4, C5-C6, and C6-C7. On 02/11/08, Dr. prescribed Baclofen, a Medrol Dosepak, Ansaid, possible physical therapy, and possible injections. On 02/20/08, Dr. placed the patient at Maximum Medical Improvement (MMI) as of 11/20/07 with an 8% whole person impairment rating. On 03/18/08, wrote a letter of non-authorization for nine sessions of physical therapy. On 03/20/08, Dr. placed the patient at MMI at that time with a 9% whole person impairment rating. On 03/28/08, Dr. wrote an authorization request for cervical epidural steroid injections (ESIs). On 04/02/08 and 04/08/08, wrote a letter of non-authorization for the ESIs. On 04/03/08 and 04/09/08, wrote letters of non-authorization for cervical ESIs.

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

The ODG requires that there be active cervical disease and objective documentation of radiculopathy. This patient appears to have injured her shoulder and a contusion to her back. There is no objective evidence of cervical injury and no objective evidence of radiculopathy. In the absence of objective evidence of radiculopathy, there is no medical indication for the cervical epidural injections times two and they would not be reasonable and 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 AND KNOWLEDGE BASE**
- 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)