



IMED, INC.

1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

DATE OF REVIEW: 08/14/08

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Cervical epidural steroid injection

Cervical epidural steroid injection is not medically necessary.

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

Board Certified in Pain Management
Board Certified in Anesthesiology
Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld
Cervical epidural steroid injection is not medically necessary.

PATIENT CLINICAL HISTORY (SUMMARY):

A lumbar epidural steroid injection was performed by Dr. on 08/03/07 and 08/31/07 for a diagnosis of lumbar spondylolisthesis.

The employee was injured on xx/xx/xx. I have reviewed records from 10/17/07 by Dr., who indicated that the employee was reaching for a door knob when a person on the other side of the door kicked the door open that struck the employee on the right hand and wrist causing it to flex and the elbow to bend. The employee experienced pain up the right side to the neck. The employee was diagnosed with wrist and hand internal derangement, elbow internal derangement, and cervical radiculitis.

Chiropractic physical therapy treatments were performed.

The employee was referred to other specialists including EMG studies. The EMG was performed by an unknown provider on 05/13/08. The results evidently were normal.

The employee was referred to Dr. on 06/06/08. Dr. reported that a cervical MRI revealed a broad-based disc protrusion at C5-C6.

The employee was referred for a cervical epidural steroid injection.

The employee was given medications for pain and again referred for a cervical epidural steroid injection, which evidently was denied.

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

A previous denial by Dr. was reviewed. Based upon review of the records, there is no indication for a cervical epidural steroid injection. There is not substantial documentation of radiculopathy to justify a cervical epidural steroid injection. The examination findings are otherwise clinically unremarkable except for limited range of motion of the neck. The mechanism of injury does not substantiate any cervical treatment. The mechanism of injury would support an injury to the wrist and would not necessarily lead to a disc herniation, and there was no clinical evidence which indicates radiculopathy to justify an epidural. The EMG findings are rather nonspecific and do not correlate well with the clinical presentations provided by other physicians.

Based upon the documentation provided, a cervical epidural steroid injection is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

1. Official Disability Guidelines