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DATE OF REVIEW: December 8, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical epidural steroid injection to include CPT codes 77003 and 62310

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

Diplomate, American Board of Orthopaedic 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)

PATIENT CLINICAL HISTORY:

The records indicate the patient was a xx-year-old female who was trying to catch a box that was falling at work when it fell onto her chest.

The patient was initially evaluated by M.D., who diagnosed a wrist and forearm strain, as well as a shoulder strain. He also mentioned that she complained of neck pain, which was improving. There was physical therapy prescribed.

The patient was subsequently referred to Orthopedic Center. The physical findings from

that visit disclosed decreased range of motion with normal strength in both upper extremities and symmetric reflexes. The diagnosis was neck pain, as well as paresthesias. An MRI of the cervical spine was ordered.

The MRI disclosed moderate cervical spondylosis with multilevel degenerative disc disease and foraminal compromise at multiple levels.

Further physical therapy was prescribed. A Lidoderm patch and medications were also prescribed. The patient was released to light duty work.

The patient then presented to Pain and Recovery Clinic on January 31, 2008. M.D. provided a diagnosis of cervical radiculitis and sprain/strain. On physical examination, there was no evidence of radiculopathy. A repeat MRI was ordered; again, disclosing multilevel degenerative disc disease with possible cord compression.

The patient was referred to M.D. On his physical examination, he noted cervical spasm with a normal strength, sensation, and reflex examination.

A designated doctor evaluation was subsequently requested. The patient was evaluated by, D.C., and found to have reached maximum medical improvement with no impairment.

The patient was then referred to M.D. He recounted the above history. He noted a decrease in range of motion with normal reflexes, normal grip strength, and normal motor examination. Her sensation was also intact. An MRI of the shoulder was ordered and performed.

The patient was next evaluated at Orthopedics. M.D. noted a decrease in cervical range of motion with normal motor strength and normal sensory examination. He recommended light duty work.

Further physical therapy and a functional capacity evaluation were performed. This is the final entry into the medical records.

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

The issue in question is cervical epidural injections to include CPT codes 77003 and 62310.

It is my opinion that the adverse determination be upheld. The patient clearly does not meet ODG Guidelines, which require radiculopathy by physical examination and corroborated by imaging studies, and/or electrodiagnostic testing. No less than six physicians have noted a normal sensory and motor examination, as well as normal reflexes. This means there is no objective evidence of radiculopathy and, therefore, cervical epidural injections are not supported by ODG. Additionally, electrodiagnostic studies were performed and did not disclose any evidence of radiculopathy.

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)