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Notice of Independent Review Decision

DATE OF REVIEW: 12/12/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical epidural steroid injection with fluoroscopy

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.

Cervical epidural steroid injection with fluoroscopy - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- DWC-73, , D.C., 03/11/08, 04/01/08, 04/18/08, 06/13/08
- Mental Health Evaluation, , MSW, LMFT, 04/24/08

- MRI of the right shoulder, , M.D., 05/14/08
- FCE, , D.C., 06/18/08
- Examination Evaluation, , M.D., 08/19/08
- MRI of cervical spine, Dr. , 08/28/08
- Orthopedic Consult, , M.D., 10/23/08
- DWC-69, Dr. , 08/19/08
- Notes from Dr. , 09/09/08, 09/26/08
- Procedure Orders, Dr. , 10/30/08
- Adverse Determination, 11/05/08, 11/06/08, 11/13/08, (no date)
- Literature regarding nerve root blocks in the treatment of lumbar radicular pain/Epidural steroid injections (no date)
- The ODG Guidelines were provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient sustained injuries to her neck and right shoulder onxx/xx/. She underwent multiple MRI's, FCE's, and also had a mental health evaluation. Her most recent medications were Pristiq, Tylenol, Lovastatin, and Darvocet.

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

It is not reasonable or necessary. This patient has several contraindications to epidural steroid injection. First, the mechanism of injury has created axial neck pain. She has complaints of pain in her neck, with pain in the inferior border of her scapula. She does not have radiculopathy. According to the ODG, epidural injections are an option for treatment of radicular pain. However, there is no evidence in the scientific literature that axial pain can be effectively treated with epidural injections. Secondly, this patient is significantly depressed and depression leads to failure with many injective types of treatment and, therefore, it would not be indicated in this individual. Third, in a recent review published in the journal of Spine, a task force looked at the efficacy of treatments for axial neck pain. Carragee was among the authors of this landmark review and indicated that epidural injections were not effective in the treatment of axial neck pain. It is for these reasons that the cervical epidural injection is neither reasonable nor necessary for this patient.

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)**