

True Decisions Inc.

An Independent Review Organization

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DATE OF REVIEW: March 9, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Thoracic Spine Epidural Steroid Injections

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

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Letter Denial 1/26/08, 2/26/08

Letters Dr. and Dr. 10/10/07 12/10/07 12/11/07, 1/10/08, 2/18/08

Nerve Conduction Study 10/9/07

Correspondence 9/7/07

Cervical and lumbar xray 9/10/07

Medical records unidentified 8/10/07

MRI 8/22/07 cervical and lumbar spine

MRI 12/21/07 thoracic spine

HEALTH AND WC NETWORK CERTIFICATION & QA 3/28/2008

IRO Decision/Report Template- WC

Correspondence No Date

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a man who developed low back pain that led to burning between the scapula after a work related injury. He reportedly was lifting a column reported as weighing 200-300 pounds at different places in the records reviewed.

His initial x-rays showed narrowing at C5-6 and C6-7 with “soft tissue sowing consistent with herniated disc at C5/6.” I am not familiar with the term “soft tissue sowing.” Lumbar x-rays showed some L5/S1 disc space narrowing and facet arthritis.

His examinations reported C6 muscle weakness and decreased C6-8 light touch on the right. He had local tenderness at L2/3 with referral to the L3/4 dermatome. He complained of burning in his feet and calves, and his arms. He was having “little feeling in three fingers on each hand (which fingers was not identified). He underwent an MRI that showed bilateral peroneal and tibial motor slowing. This was felt to be consistent with bilateral peripheral neuropathy even with normal sural H reflex (tibial) studies. No EMG was performed as the doctor felt he had the abnormal cervical MRI.

The MRIs of the cervical region showed congenital stenosis and disc bulges and degenerative changes from C3-4, C4-5, and C5-6. The neural foramen was compromised. The thoracic MRI reported mild degenerative changes T2-3 without any nerve root compromise. The lumbar MRI described diffuse stenosis with out nerve root compromise and mild L4-5, and L5-S1 facet hypertrophy. Treatment with an RS4 stimulator and possible surgery were discussed.

There was nothing in the records to describe any thoracic radiculopathy. Often this is accompanied with pain along the intercostal nerve roots into the thorax. None was described. The sensory complaints of burning between the scapulae is a referral patter for C5 and C7 nerve roots. He is known to have pathology at this level.

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

There is no history of or clinical evidence to support the diagnosis of a cervical radiculopathy. The criteria established in the ODG expressed the indication if “1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.”

None of these criteria were met.

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)