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Notice of Independent Review Decision

DATE OF REVIEW: 08/18/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: OP cervical ESI w/fluoro 62310, w/MAC

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Hospital, x-rays, 12/18/08
2. M.D., 12/18/08 thru 07/14/09
3. Chiropractic, 01/18/09 thru 05/06/09
4. preauthorization for therapy, 02/23/09
5. Health MRIs, 05/01/09
6. denials, 06/22/09, 07/23/09
7. Designated Doctor Evaluation, Eric Lewandowski, 07/17/09
8. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

This employee was injured in a motor vehicle accident on xx/xx/xx. He complained of neck pain that radiated to the bilateral shoulders with some paresthesia sensation in his fingers.

The employee had conservative care with Dr. , a chiropractor, which consisted of chiropractic treatments and physical therapy. Cervical spine x-rays performed on 12/18/08 reported degenerative disc disease at multiple levels with straightening due to muscle spasms. X-ray of the lumbar spine on the same date reported degenerative disc disease at multiple levels.

An MRI of the cervical spine was performed at Health on 05/01/09 and reported spinal stenosis throughout the cervical spine with spondyloarthritic changes from C4 through C6. There was no cord compression or disc herniation noted.

Dr., a pain management specialist, examined the employee on 06/16/09. The employee reported neck pain with associated headaches and radiation into both shoulders and both hands. He had pins and needle sensation in the fingers. The doctor reported a normal neurological examination with symmetrical reflexes, strength, and sensation in the bilateral upper extremities except for a sensory change in the right hand. There was mild restriction in range of motion of the cervical spine and pain to palpation in the paraspinal musculature and trapezius muscles.

Dr. and subsequently Dr. requested authorization for diagnostic cervical epidural steroid injections.

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

This request is certified because this employee meets indications as specified by ***Official Disability Guidelines*** for diagnostic epidural steroid injections. Epidural steroid injection would be indicated to determine a level of radicular pain where diagnostic imaging has been ambiguous. MRI clearly showed preexisting degenerative changes. However, the motor vehicle accident caused the current complaints of neck pain, headaches, and radiating pain. ***Official Disability Guidelines*** recommend epidural steroid injection when there has been evidence of multilevel nerve root compression and to determine pain generators when clinical findings are suggestive of radiculopathy.

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

1. **Official Disability Guidelines**