



## Notice of Independent Review Decision

**DATE OF REVIEW:** 07/10/09

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Cervical Epidural Steroid Injection

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

Board Certified in Pain Management/Anesthesiology

The physician reviewer is duly licensed in the state of Texas to practice medicine. The physician reviewer is fellowship trained in pain management, and board certified in anesthesiology with a certificate of added qualifications in pain medicine. The physician reviewer has 22 years of experience in the practice of pain management and is current in active practice in that specialty.

### **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 - UPHELD

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Employee's Report of Injury, xx/xx/xx
- X-ray of Left Shoulder, Unknown Provider, xx/xx/xx
- Emergency Room Record, xx/xx/xx
- Office Visit, M.D., 10/02/08, 10/08/08, 01/16/09, 01/27/09, 02/09/09, 03/19/09
- Notice of Disputed Issue(s) and Refusal To Pay Benefits 11/20/08
- MRI of Cervical Spine, M.D., 01/23/09
- Office Visit, M.D., 02/04/09, 02/18/09, 05/27/09
- Notice of Intent to Issue An Adverse Determination 02/11/09
- Authorization Intent for Requested Services 03/05/09
- Request for Authorization, Dr. 06/01/09, 06/05/09
- Denial Letter 06/05/09, 06/12/09
- Consultation and Electrodiagnostic Studies, M.D., 06/08/09
- The ODG Guidelines were not provided by the carrier or the URA.

## **PATIENT CLINICAL HISTORY (SUMMARY):**

The patient injured her left shoulder when her knee gave way and she tried to grab the rail. She presented to the emergency room where an x-ray was taken. She received conservative treatment with Dr. and Dr. . She had also been treated with Metformin, Norco, Zanaflex, Hydrocodone and Medrol Dosepak. She had undergone and MRI and EMG and NCS testing as well.

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

Upon independent review, the reviewer finds that the previous adverse determination/determinations should be upheld.

According to the initial report of the patient's injury on xx/xx/xx, the patient hurt her left shoulder when her left knee gave way. There was no documentation of any arm pain or abnormal neurologic findings in her initial pain complaint or on her initial examination immediately following the injury, nor in subsequent examinations performed until 01/16/09. At that point, months out from the injury, the patient began to complain of arm pain, which had never before been voiced and she stated that that had only begun some three weeks before. Physical examination did not document any evidence of radiculopathy. Although a cervical MRI on 01/23/09 demonstrated central and left lateral disc herniation at C5-6, there was no evidence of spinal cord or nerve root compression. A subsequent physical examination again failed to document any radiculopathy. By 03/19/09, after completing physical therapy, Dr. documented that the patient no longer had any pain or paraesthesia and that her neurologic physical examination was entirely normal. Three months later, the patient voiced similar subjective pain complaints to Dr. completely contradicting what she had told Dr. in March about complete resolution of her

pain. Despite the alleged recurrence of subjective symptoms, Dr. 's physical examination documentation indicated that there was no evidence of radiculopathy or clinically significant neurologic deficit. Finally, the EMG study on 06/08/09 demonstrated only suspicion of "mild" radiculitis but no definitive evidence of radiculopathy. Therefore, this patient does not meet Official Disability Guideline criteria for cervical epidural steroid injection, as she does not have physical examination or EMG evidence of radiculopathy supported by MRI evidence of disc herniation causing neural compromise or compression. Although the patient has subjective radicular complaints, they are neither supported by objective EMG studies or repeated physical examinations. Additionally, it is abundantly clear that the patient was pain free and had a normal physical examination following completion of physical therapy in March of 2009 and, in fact, the patient had no arm symptoms until several months after the alleged work injury. The patient, herself, stated that her arm symptoms began several months following the work injury, at which time her complaint was only of left shoulder pain. Therefore, based on ODG treatment guidelines, a cervical epidural steroid injection is not medically reasonable or necessary.

**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)**