



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)*

**DATE OF REVIEW: 03/11/2009**

**IRO CASE #:**

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

Outpatient thoracic ESI as related to the fractured ribs and right shoulder

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

**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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY:**

A male who sustained a work-related injury on xx/xx/xx while employed as a . Claimant reportedly fell approximately 8 feet and sustained five rib fractures. Subsequent CT scan of the thoracic spine identified a single, right, nondisplaced rib fracture. Claimant began conservative treatment consisting of physical therapy and medication management. Due to persistent pain in the thoracic region, a thoracic MRI was performed on February 15, 2008, revealing mild disk bulging at T2 to T3 and T12-L1 levels with additional right lateral disk bulging at T5-T6 level. EMG nerve conduction studies of the upper and lower extremities were performed, revealing diffuse, severe sensory neuropathy involving the upper and lower extremities. Of note, claimant also had lumbar and subsequent MRIs in 2008, which were consistent with diffuse, degenerative changes. Claimant underwent a thoracic epidural steroid injection on December 3, 2008, which resulted in reportedly 10% to 15% pain relief for a short period of time. Intercostal nerve blocks were also performed in 2008 with suboptimal relief. The claimant underwent a designated doctor evaluation on January 2, 2009, performed by MD, whose opinion was that claimant was able to return to work on light-duty. Claimant's diagnostic studies revealed healing of a single



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rib fracture without malalignment. Physiologically, the patient was able to return to work, lifting up to 5 pounds intermittently.

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

Claimant's extent of compensable injury includes strain to the thoracic region and fracture of one right rib that has healed with good alignment and without evidence for neural structure compromise; no evidence for radiculopathy. The severe, diffuse neuropathy the patient has is unrelated to work injury. After review of the information submitted the previous nonauthorization for outpatient thoracic epidural steroid injection as related to the fractured ribs and right shoulder has been upheld because of lack of available relevant clinical information in support of the application, particularly no information regarding the presence of significant objective radiculopathy exists on the documentation submitted. Radiographic imaging studies report of thoracic MRI did not reveal any significant disc herniation, spinal canal stenosis, and/or nerve root compromise. According to Official Disability Guidelines criteria for epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, if a previous injection was performed for diagnostic purposes, a second block is not recommended, as there is inadequate response to the first block. Therefore, in accordance with Official Disability Guidelines, Treatment Index, 5th Edition, 2008 (web), under Thoracic Epidural Steroid Injections, recommendation is for an adverse determination.

### **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



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- 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)**