

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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Notice of Independent Review Decision

**DATE OF REVIEW:** March 2, 2010

**IRO CASE #:**

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

Cervical ESI with fluoroscopy.

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

American Board of Neurological 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**

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- Hospital, 08/13/93, 08/14/93, 06/19/09, 10/08/09

- M.D., F.A.C.S., 04/04/05, 06/06/05, 08/08/05, 11/07/05, 02/09/06, 07/17/08, 10/20/08, 10/30/08, 01/05/09, 03/02/09, 10/08/09, 12/17/09, 12/21/09, 01/07/10
- 12/28/09, 01/14/10
- Request for a Review by an Independent Review Organization, 01/22/10
- Texas Department of Insurance, 02/10/10

Medical records from the Treating Doctor/Provider include:

- Hospital, 08/20/91, 08/22/91, 01/30/92, 02/07/92, 08/06/93, 06/16/93, 08/13/93, 08/14/93, 06/02/94, 02/17/95, 12/05/96, 12/12/97, 01/16/98, 01/16/98, 04/07/98, 07/16/98, 02/18/99, 04/29/99, 07/29/99, 08/03/99, 06/10/05, 08/26/05, 11/18/05, 05/19/06, 02/20/07, 03/30/07, 06/04/07, 01/09/08, 04/11/08, 06/19/09, 08/18/09, 09/15/09, 10/08/09
- Neurosurgical Association, 09/09/91
- M.D., F.A.C.S., 09/30/91, 10/14/91, 11/14/91, 12/12/91, 01/27/92, 02/27/92, 06/14/93, 06/28/93, 09/09/93, 11/15/93, 12/13/93, 01/24/94, 03/21/94, 04/21/94, 06/02/94, 08/11/94, 10/13/94, 12/12/94, 02/13/95, 05/15/95, 06/29/95, 08/10/95, 09/21/95, 11/30/95, 01/29/96, 05/06/96, 08/05/96, 02/06/97, 05/08/97, 05/22/97, 07/03/97, 07/24/97, 09/04/97, 11/13/97, 12/04/97, 12/18/97, 01/22/98, 02/26/98, 04/30/98, 05/14/98, 07/16/98, 09/28/98, 10/22/98, 12/17/98, 02/18/99, 04/29/99, 07/29/99, 10/28/99, 01/31/00, 04/24/00, 07/24/00, 10/23/00, 01/25/01, 04/23/01, 07/23/01, 11/26/01, 03/25/02, 07/22/02, 11/25/02, 03/27/03, 06/30/03, 09/04/03, 12/04/03, 03/04/04, 05/13/04, 07/19/04, 08/16/04, 01/11/04, 01/24/05, 02/17/05, 04/04/05, 06/06/05, 08/08/05, 11/07/05, 02/09/06, 05/04/06, 07/06/06, 09/07/06, 12/14/06, 12/26/06, 03/15/07, 06/04/07, 06/18/07, 07/16/07, 08/09/07, 09/17/07, 12/17/07, 03/17/08, 07/17/08, 10/20/08, 01/05/09, 03/02/09, 05/04/09, 07/02/09, 08/06/09, 08/10/09, 08/24/09, 10/08/09, 10/19/09, 10/08/09, 12/17/09, 01/04/10
- Imaging Center 06/04/93

### **PATIENT CLINICAL HISTORY:**

This IRO is in response to two previous peer reviews that have denied the request for cervical epidural steroid injections. I have reviewed all of the medical records provided to me dating back to 1993 when this patient had a posterior cervical laminotomy for a herniated disc at C6-7.

The patient was subsequently operated by M.D., for an anterior cervical fusion at C6-7 in 1998. Subsequently, in September of 2009, the patient had a lumbar laminectomy at L4-5 with instrumentation.

Over the years, the patient has had multiple cervical epidural spinal injections (ESIs) under fluoroscopy. They have been beneficial for a short time, but it did reduce the amount of medication that she required and helped her every day activity.

In reviewing the medical records, the most recent evaluation is Dr. follow-up note of January 4, 2010, which indicated the patient's last injection was in June of 2009 and gave

her good relief for two to three months. The patient now does present in January of 2010 with neck pain and bilateral radicular pain in the shoulders and arms and keeps her head flexed in order to help relieve some of the pain. Neck extension and bilateral bending reproduced pain down the arms. He reports there is neurologic deficit, but he does not indicate what type of deficit it is; he just request for the epidural steroid injection.

As mentioned previously, the patient had a decompressive laminectomy at L4-5 back in September of 2009 with instrumentation for spondylolisthesis at L4-5, as well as a herniated disc and stenosis.

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

In reviewing this case from the onset, the patient has had multiple spinal procedures and epidural steroid injections which, in my opinion, have been beneficial. I would at this time disagree with the prior decisions in regard to the epidural injection. I base this on the Official Disability Guidelines. Although it is recognized to be controversial, it seems to me that this patient has benefited from the procedure and the last one being ten months ago.

**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)**