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Amended Notice of Independent Review Decision

**DATE OF REVIEW:** MAY 4, 2010 – AMENDED DECISION

**IRO CASE #:**

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

Doctor's treatment and medications.

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

American Board of Physical Medicine and Rehabilitation  
Fellow, American Academy of Disability Evaluating Physicians

**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
- attorney, 02/26/10
- , M.D., P.A., 06/30/09
- , M.D., 11/30/09, 01/14/10
- , 01/13/10
- Robins, 10/08/08
- TWCC Statement for Pharmacy Services, 09/28/08, 10/08/08, 11/02/08, 11/30/08, 12/21/08, 01/11/09, 01/14/09, 02/08/09, 02/15/09, 03/04/09, 04/05/09, 04/26/09, 04/29/09, 05/20/09, 06/14/09, 06/17/09

Medical records from the Requestor/Provider include:

- Orthopedic and Injury Center, 03/28/07
- Insights, 09/18/07
- Solutions, 09/18/07
- Robins, 09/21/07
- Office of Injured Employee Counsel, 04/17/08
- , M.D., 11/30/09, 01/14/10
- , 01/15/10

**PATIENT CLINICAL HISTORY:**

This female was originally injured in xx/xxxx. The patient underwent a right shoulder rotator cuff repair in February of 2003 and a cervical fusion in 2005. The patient underwent a second arthroscopic surgery of the right shoulder in September of 2006 due to a recurrent rotator cuff tear. The records indicate that multiple repeat MRI scans of the right shoulder following this second surgery as late as March of 2007 demonstrated a recurrent tear in the right shoulder and a nonunion of the cervical fusion. This information is from statements in the medical records and no current radiographic studies are available for review.

The patient was reportedly incarcerated from September of 2003 to July of 2004. The patient reported she used her right upper extremity repeatedly to climb up to her upper bunk during this time and also fell to the floor and injured herself during this time period.

The diagnoses are as follows: 1) Chronic pain syndrome, multifactorial. 2) Cervical fusion, failed neck surgery syndrome. 3) Status post right rotator cuff repair, diminished range of motion 4) Depression, nonspecific. 5) Comorbid insomnia. 6) Hepatitis C, non-industrial. 7) History of post traumatic stress disorder (PTSD), non-industrial. 8) History of substance abuse.

The patient was discharged by the treating physician for non-compliance with her prescription medications on January 14, 2010, after a UDS on January 12, 2010, was inconsistent with prescribed medications. The patient was prescribed Methadone and no Methadone was detected. There was Morphine detected, and the patient reported that she took her roommates Morphine. The UDS also was positive for Methamphetamines.

The records provided indicate a past history of similar problems back in 2009. It was recommended all prescription medications be discontinued in peer review conducted by, D.O., at this time after a UDS was positive for Methamphetamines, THC and codeine, all illegally obtained and was negative for some of the medications prescribed at that time. Dr. noted that she had recommended discontinuation of prescription medications a year prior to this peer review as well.

It is clear that the patient is non-compliant and prescription medications should be discontinued at this time. This is clearly supported by established treatment guidelines.

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

The patient was discharged by the treating physician for non-compliance with her prescription medications on January 14, 2010, after a UDS on January 12, 2010, was inconsistent with prescribed medications. The patient was prescribed Methadone and no Methadone was detected in the UDS. There was Morphine detected, and the patient reported that she took her roommates Morphine. The UDS also was positive for Methamphetamines.

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It is clear that the patient is non-compliant and has a history of non-compliance. Prescription medications should be discontinued at this time, and should have been discontinued as recommended earlier due to non-compliance. This recommendation is clearly supported by established treatment guidelines.

Epidural steroid injection (ESI)	Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. In a recent Cochrane review, there was one study that reported improvement in pain and function at four weeks and also one year in individuals with chronic neck pain with radiation. ( <a href="#">Peloso-Cochrane, 2006</a> ) ( <a href="#">Peloso, 2005</a> ) Other reviews have reported moderate short-term and long-term evidence of success in managing cervical radiculopathy with interlaminar ESIs. ( <a href="#">Stav, 1993</a> ) ( <a href="#">Castagnera, 1994</a> ) Some have also reported moderate evidence of management of cervical nerve root pain using a transforaminal approach. ( <a href="#">Bush, 1996</a> ) ( <a href="#">Cyteval, 2004</a> ) A recent retrospective review of interlaminar cervical ESIs found that approximately two-thirds of patients with symptomatic cervical radiculopathy from disc herniation were able to avoid surgery for up to 1 year with treatment. Success rate was improved with earlier injection (< 100 days from diagnosis). ( <a href="#">Lin, 2006</a> ) There have been recent case reports of cerebellar infarct and brainstem herniation as well as spinal cord infarction after cervical transforaminal injection. ( <a href="#">Beckman, 2006</a> ) ( <a href="#">Ludwig, 2005</a> ) Quadriplegia with a cervical
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ESI at C6-7 has also been noted ([Bose, 2005](#)) and the American Society of Anesthesiologists Closed Claims Project database revealed 9 deaths or cases of brain injury after cervical ESI (1970-1999). ([Fitzgibbon, 2004](#)) These reports were in contrast to a retrospective review of 1,036 injections that showed that there were no catastrophic complications with the procedure. ([Ma, 2005](#)) The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. ([Armon, 2007](#)) There is evidence for short-term symptomatic improvement of radicular symptoms with epidural or selective root injections with corticosteroids, but these treatments did not appear to decrease the rate of open surgery. ([Haldeman, 2008](#)) ([Benyamin, 2009](#)) See the [Low Back Chapter](#) for more information and references.

**Criteria for the use of Epidural steroid injections, therapeutic:**

*Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.*

- (1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.
- (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).
- (3) Injections should be performed using fluoroscopy (live x-ray) for guidance
- (4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.
- (5) No more than two nerve root levels should be injected using transforaminal blocks.
- (6) No more than one interlaminar level should be injected at one session.
- (7) In the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year.
- (8) Repeat injections should be based on continued objective documented pain and function response.
- (9) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.
- (10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.
- (11) Cervical and lumbar epidural steroid injection should not be performed on the same day.

**Criteria for the use of Epidural steroid injections, diagnostic:**

To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:

- (1) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies;
- (2) To help to determine pain generators when there is evidence of multi-level nerve root compression;
- (3) To help to determine pain generators when clinical findings are suggestive of radiculopathy (e.g. dermatomal distribution) but imaging studies are inconclusive;
- (4) To help to identify the origin of pain in patients who have had previous spinal surgery.

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)