



14785 Preston Rd. Suite # 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 11/23/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical ESI #3 at C5-C6, C6-C7 under fluoroscopy with IV sedation.

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

D.O. Board Certified in Anesthesiology and Pain Management.

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)



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INFORMATION PROVIDED TO THE IRO FOR REVIEW

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	11/03/2011
Health Care Workers' Comp Services Utilization Review Determinations	9/23/2011-10/28/2011
Anesthesia & Pain Management L.L.P. Office visit Notes	11/11/2009-10/26/2011
The Institute. Operative Reports	6/15/2011-8/17/2011
Imaging MRI cervical Spine without Contrast Report	5/24/2008-5/28/2008
Preauthorization Request Initial Visit Report	10/25/2011 5/15/2088
Physical Performance Exam	10/11/2011
Imaging cervical Spine four Views	5/16/2008

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male who sustained a work related injury on xx/xx/xx. On 5/24/08 he had a cervical MRI that showed a left parasagittal disc extrusion at C5-C6 with impression upon the exiting left nerve root, and a small disc protrusion at C6-7. Patient had unspecified EMG/NCV. Patient is currently receiving conservative treatment including the following medications: Norco 7.5 mg, Cymbalta, Neurontin, Clonazepam. Patient also received physical therapy, term unspecified, with little improvement. Subsequently, patient had the first cervical epidural steroid injection on 6/15/11 and his second cervical on 8/17/11. After the first epidural steroid injection on July 25 2011 patient reported near complete resolution of arm and hand pain complaints, 70 % improvement in motion and 40 % improvement of pain. After the second cervical epidural, on Sept. 1 2011, Dr. reported patient's neck pain nearly completely resolved with some mild decrease in neck range of motion, describing the patient as working,



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more functional and more active. On October 3, 2011, again Dr. reported patient doing well, arm pain nearly completely resolved, with some decreased neck range of motion and some trigger point tenderness in the trap and interscapular region. On October 26, 2011 Dr. reported the patient more active and more functional, but still having shooting pains and swelling in his right arm consistent with cervical radiculopathy and secondary CRPS. Patient is currently taking two 7.5 mg Norco per day down from 10 mg, his pain score is 3-5/10, no longer 8-10/10, he is taking his other medications compliantly. He had marked neck range of motion decreased to the right with mild interspinous tenderness, allodynia, and hyperesthesia in his right arm and hand.

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

I believe a third cervical epidural steroid injection under fluoroscopy with IV sedation is warranted in this case since the patient should be considered in the therapeutic phase according to Official Disability Guidelines (ODG). Patient was treated with conservative therapy and physical therapy with little relief of his symptoms then patient was treated with epidural steroid injection x2, which offered the patient improved function, decreased pain, and a decrease in the use of narcotics as noted in Dr. October 26, 2011 report. Following the timeline of relief, after the second injection, patient had more than 6 weeks of relief which puts him in the therapeutic phase of treatment according to the ODG, which makes the third epidural steroid injection certifiable.



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**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