

SENT VIA EMAIL OR FAX ON  
Jun/10/2011

**True Decisions Inc.**  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Jun/09/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Cervical Epidural Steroid Injection C5/6 and C6/7

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**  
Texas Licensed M.D. Board Certified in Orthopedic 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

#### PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female who is reported to have sustained work related injuries on xx/xx/xx. She is reported to have been lifting a box of heavy papers from top of table when she developed pain in left shoulder and neck. She has received conservative treatment for both conditions which included physical therapy, oral medications, work hardening, massage, and surgery for the shoulder. The claimant has complaints of cervical pain with radiation into left upper extremity. MRI of the cervical spine dated 10/06/10 indicates a 1-2 mm posterior disc protrusion at C5-6 which presses on the thecal sac with no neural foraminal narrowing. There is a 1-2 mm posterior disc protrusion pressing on thecal sac with no neural foraminal narrowing at C6-7. Clinic notes from Dr. dated 12/20/10 indicate on physical examination the claimant has tenderness in left posterior cervical region with decreased range of motion in flexion and extension limited by pain. She has positive axial compression test and positive Spurling's sign reproducing pain in her left shoulder. She has weakened motor strength in left upper extremity when compared to right. Her reflexes in biceps, triceps, and brachioradialis are 1+ on left and 2+ on right. On examination of left shoulder she has severe tenderness of anterolateral aspect with weakness in abduction to approximately 90 degrees with intense pain. On this date the injured employee received an intraarticular injection. When seen in follow up on 05/05/11 the injured employee is noted to have 5/10 pain with radiation into the left upper extremity. The injured employee has painful range of motion. She has severe tenderness in the posterior cervical region moreso on the left. She has

decreased range of motion in both flexion and extension. Her motor strength is weak in the left when compared to the right. She has mild paresthesias of the first and second digits of the left hand. She's noted to have a positive Spurling's and positive axial compression test. She's opined to have disc protrusions at C5-6 and C6-7.

On 05/13/11 the case for the request for cervical epidural steroid injections was reviewed by Dr.. He reports that there was no indication of any particular cervical radiculopathy component occurring based on the work up done and correlated with physical examination findings that would justify the need for cervical epidural steroid injection.

An appeal request was submitted and subsequently reviewed on 05/23/11 by Dr. . He reports that radiculopathy must be documented by physical examination and corroborated by imaging and/or electrodiagnostic studies. He reports at this point there are only complaints of radicular symptoms but no physical examination findings documented. He opines that the indications were not met and therefore subsequently denies the request.

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

The request for cervical epidural steroid injections at C5-6 and C6-7 are medically necessary and the previous denials are overturned. The available clinical records indicate that the injured employee is a female who has chronic complaints of neck pain with radiation to the left upper extremity. The submitted clinical records indicate that on xx/xx/xx the injured employee is noted to have cervical pain with radiation to the left upper extremity. She has a positive axial compression test, positive Spurling's sign resulting in the radiation of pain into her left shoulder and left upper extremity. Her motor strength is weakened on the left when compared to the right and she is documented to have paresthesias in the entire left hand. Her reflexes are noted to be 1+ on the left and 2+ on the right. Later physical examinations by Dr. on 05/05/11 indicate that the injured employee has continued cervical tenderness left predominately on the left. She has positive axial compression test with positive Spurling's sign reproducing symptoms in the left upper extremity. Her motor strength is weak on the left as compared to the right. She has mild paresthesias in the first and second digits of her left hand. Clearly this is sufficient information in the clinical records to establish objective evidence of cervical radiculopathy. While the injured employee's imaging studies are unimpressive she clearly has objective evidence of radiculopathy with evidence. It is noted that historically the injured employee has motor strength weakness. She has sensory abnormalities in the hand. She has radiation of pain into the left upper extremity with axial compression and Spurling's test. As such the injured employee meets Official Disability Guidelines criteria and the request for C5-6 C6-7 cervical epidural steroid injections is recommended as medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

LAXMAIAH MANCHIKANTI, MD, ET AL. AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS PRACTICE GUIDELINES. PAIN PHYSICIAN, VOLUME 4, NUMBER 1, 2001.