

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** AUGUST 29, 2011

**IRO CASE #:**

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

Medical necessity of proposed Cervical injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (01992, 77003, 72275, 62310)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

### **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)

| Primary Diagnosis | Service being Denied | Billing Modifier | Type of Review | Units | Date(s) of Service | Amount Billed | Date of Injury | DWC Claim# | IRO Decision |
|-------------------|----------------------|------------------|----------------|-------|--------------------|---------------|----------------|------------|--------------|
| 723.1             | 01992                |                  | Prosp          | 1     |                    |               | xx/xx/xx       | xxxxx      | Upheld       |
| 723.1             | 77003                |                  | Prosp          | 1     |                    |               | xx/xx/xx       | xxxxx      | Upheld       |
| 723.1             | 72275                |                  | Prosp          | 1     |                    |               | xx/xx/xx       | xxxxx      | Upheld       |
| 723.1             | 62310                |                  | Prosp          | 1     |                    |               | xx/xx/xx       | xxxxx      | Upheld       |

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured worker is a gentleman who was struck in the posterior cervical spine shoulder region. Multiple medical providers and chiropractic intervention are noted. There was an acute evaluation and ongoing complaints of pain. Imaging studies noted multiple level cervical spine degenerative disc disease and degenerative changes to the vertebral bodies. Electrodiagnostic assessment was NEGATIVE for radiculopathy, but did report carpal tunnel syndrome. The primary treating physician felt that there was a radiculitis and wanted to attempt an epidural steroid injection to see if this would benefit the claimant. Pre-authorization did not certify this request, as there is no objectification of the standards for epidural steroid injections noted in the records presented for review.

Additionally, there is one note that the pain might be facet mediated, and epidural steroid injections would not address that lesion.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

RATIONALE:

As noted in the Division mandated Official Disability Guidelines updated August 24, 2011, the first requirement is that there is a verifiable radiculopathy. This is not the case. Further, there is a consideration that this might be a facet joint issue wholly unrelated to the compensable event. Lastly, this is a "shot in the dark" approach and is not supported by the evidence based medicine treatment plan parameters noted in the Official Disability Guidelines.

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

- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES