

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JUNE 28, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MEDICAL NECESSITY OF PROSPED NJX DX/THER SBST EPIDURAL/SUBBRACH CERV/THORACIC (62310), EPIDUROGRAPHY RS&I (72275), NEEDLE LOCALIZATION BY X-RAY (76003)

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
715.11, 726.10, 726.2, 727.00	62310		Prosp	1					Overturned
715.11, 726.10, 726.2, 727.00	72275		Prosp	1					Overturned
715.11, 726.10, 726.2, 727.00	76003		Prosp	1					Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 27 pages of records received to include but not limited to: records 5.2.12-5.25.12; Patient information form; Imaging Cervical MRI 4.23.12; letter 5.8.12; IRO request forms

Requestor records- a total of 20 pages of records received to include but not limited to: records 5.2.12-6.6.12; Patient information form; Imaging Cervical MRI 4.23.12; M.D. report 4.26.12; TDI letter 6.8.12; letter 5.8.12, 6.4.12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant caught his left foot, tripped and fell forward catching himself with his left arm, stepping forward with his right leg. He had immediate left arm pain after it was bent backward forcing him to catch himself. He also had right knee pain and the following day began having neck pain and his back began to hurt. He had treatment with left shoulder arthroscopy which helped the shoulder pain but did not do anything for the neck pain or radiation of pain, numbness or tingling pain or awakening from sleep. He had pins and needle sensation and numbness in the left arm. He also had right knee arthroscopy which provided some relief of his knee pain. On evaluation with pain management, his complaint was tingling and numbness in the left arm as well as neck pain. No complaints of right arm numbness or tingling at that initial visit. MRI did show severe left neural foraminal narrowing at C6-C7 with protruding disc. Initial denial was based on not being provided with the level but the provider indicated it was going to be a standard C7-T1 translaminar-type approach and, therefore, a level was not necessary and was in the note. The patient's symptoms progressed and worsened and even began to involve the right to some degree.

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/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE FOR DECISION: This cervical epidural steroid injection is appropriate based on the symptoms, mechanism of injury, and diagnostic imaging findings. It was inappropriate to deny epidural steroid injection based solely on lack of level.

After clarification of the appropriate level and progression of symptoms, it appears clear that cervical radiculitis is present, and this epidural steroid injection is both a diagnostic and therapeutic treatment for that under the ODG Guidelines, and this treatment in my opinion meets ODG Guideline criteria for cervical epidural steroid injection.

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