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Notice of Independent Review Decision

**Date notice sent to all parties:** 06/03/13

**IRO CASE #:**

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

Cervical epidural steroid injection (ESI) at C5-C6

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

Board Certified in Orthopedic Surgery  
Fellowship Trained in Spinal 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)

Cervical ESI at C5-C6 - Upheld

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Report dated 12/10/12  
DWC-73 forms dated 12/10/12, 02/18/13, and 02/25/13

Physical therapy notes dated 12/10/12, 12/12/12, 12/17/12, 12/19/12, 01/17/13, 01/22/13, 01/28/13, 01/30/13, 02/01/13, 02/04/13, 02/08/13, 02/14/13, 02/25/13, and 02/28/13

Notices of Disputed Issue and Refusal to pay benefits dated 01/02/13 and 02/28/13

Peer Review dated 01/07/13

Report dated 01/07/13

Preauthorization requests dated 01/14/13, 03/21/13 and 04/16/13

Utilization Review Determinations from Review Med dated 01/15/13, 01/25/13, 03/26/13, and 05/01/13

Cervical MRI dated 02/13/13

Report dated 02/18/13

Referral from dated 02/18/13

Designated Doctor Evaluation dated 03/14/13

DWC-69 form dated 03/14/13

Reports dated 03/19/13,

Utilization Review Worksheets dated 03/21/13 and 04/16/13

Reconsideration regarding cervical ESI dated 04/26/13

A letter addressed dated 05/20/13

Medical Records Review dated 05/22/13

The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

On 12/10/12, examined the patient and diagnosed him with an MVA and cervical strain. Aleve, Biofreeze, and therapy were prescribed. The patient attended therapy on 12/10/12, 12/12/12, 12/17/12, and 12/19/12. He received therapeutic exercises, moist heat, and electrical stimulation. examined the patient on 01/07/13. He had neck/upper back pain. He was run off the road by another vehicle and he reported his head and neck were jerked about in a violent manner. He injured his chin, neck, and upper back. There were no sensory changes in the upper extremities. There was rigidity of the cervical/thoracic paraspinals and reduced range of motion. Flexion was 30 degrees, extension was 30 degrees, right bending was 35 degrees, and left bending was 25 degrees. The diagnoses were cervical and thoracic sprain/strains, rule out other pathology. Flexeril and KGLK were prescribed and a cervical MRI and therapy were recommended. The patient attended therapy clinic on 01/17/13, 01/22/13, 01/28/13, 01/30/13, 02/01/13, 02/04/13, 02/08/13, 02/14/13, 02/25/13, and 02/28/13. He received Theraband and Theraball exercises and therapeutic exercises. A cervical MRI on 02/13/13 revealed a 4 mm. left paracentral disc protrusion at C2-C3 which impinged on the thecal sac and anterior surface of spinal cord. There was a 3 mm. broad based protrusion at C3-C4 which mildly impinged upon the thecal sac and moderately narrowed both of the lateral recesses. There was a 3 mm. right foraminal disc protrusion at C4-C5 which moderately narrowed the right foramen and contacted the proximal portion of the right C5 nerve root. At C5-C6, there was a 4 mm. posterior central disc protrusion that impinged upon the thecal sac

causing mild central canal stenosis. On 02/18/13, diagnosed the patient with acute cervical disc syndrome. His DTR's were 2+ in the upper extremities with no focal motor deficit. The MRI was reviewed. He noted since the patient had not improved in six weeks with therapy, he referred the patient for a cervical ESI. performed a Designated Doctor Evaluation on 03/14/13. His cervical range of motion was decreased with slow, cogwheeling motion. He grimaced and closed his eyes when moving his head, which was not observed outside of the testing environment. The left triceps reflex was +1/4 and the right was +2/4. felt the patient sustained a facet capsule strain and his examination findings did not support a disc injury. The patient was placed at MMI on 03/14/13 and assigned a 5% whole person impairment rating. examined the patient on 03/19/13 and recommended a cervical ESI. There was hypoesthesia to light touch and pinprick in the right C5-C6 distribution. Vicodin and Skelaxin were also prescribed. On 03/21/13, requested an ESI at C5-C6. On 03/26/13, provided an adverse determination for the requested C5-C6 ESI. On 04/16/13, provided a reconsideration request. On 05/01/13, also on behalf of provided another adverse determination for the requested C5-C6 ESI.

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

The patient has neck pain. He does not have radiculopathy. The findings on the cervical MRI of 02/13/13 are not acute, in my opinion. The patient has normal reflexes, normal motor, and no sensory changes. The patient is not a candidate for ESIs, especially because indicated on his evaluation of 02/18/13 that the patient denied arm pain and paresthesias. Designated Doctor Evaluation also documented symptom magnification and grimacing with movement that was not observed outside of the testing environment. The requested ESI is not in accordance with the Official Disability Guidelines (ODG), as the ODG mandates that the patient have radiculitis and radiculopathy; this patient has neither. Therefore, the requested ESI at C5-C6 is neither reasonable nor necessary nor supported by the ODG and the previous adverse determinations should be upheld at this time.

**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)**