



14785 Preston Road, Suite 550 | Dallas, Texas 75254  
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Notice of Independent Review Decision

**DATE OF REVIEW: 2/24/2014**

**IRO CASE #**

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

**Right C5-6, C6-7 Epidural Steroid Injection.**

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Document Type	Date(s) - Month/Day/Year
Department of Insurance Notice of Case Assignment	2/04/2014
Adverse Determination Letters	12/18/2013-1/24/2014
Clinic Visit Notes Appeal Letter	9/25/2013-1/16/2014 1/07/2014

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Patient is a female who was injured. Patient sustained injury to her lower back and neck. The lumbar spine has been addressed, the cervical spine has been treated conservatively with physical therapy at doctor Talarico's office with little relief. Patient is on medications, including Neurontin 400 mg TID and Motrin 800 mg TID. Patient had an MRI of the cervical spine that showed 0.3 mm HNP at c5-c6. Patient also had a cervical EMG ordered pending approval. On physical exam, patient has decreased ROM on cervical flexion 25 degrees and decreased ROM on lateral bending 25 degrees. Patient has right scapular pain between the shoulder blades; Spurling maneuver showed pain in the cervical musculature without associated radicular component.



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

Per ODG references, the requested “Right C5-6, C6-7 Epidural Steroid Injection” is not medically necessary. Although the patient has cervical pain with associated referred pain to the thoracic spine, and MRI of cervical spine shows an HNP at C5-C6, the physical exam does not support a radicular component. A right transforaminal epidural cervical is not supported by ODG.

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

- 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