



## Medwork Independent Review

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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC*

**DATE OF REVIEW:** 12/9/2014

**IRO CASE #:**

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

Cervical epidural steroid injection, right side C7-T1 level.

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

Texas State Licensed MD Board Anesthesiologist and Pain Medicine Physician

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY:**

This is a male who sustained a work-related injury on xx/xx/xx involving the cervical spine. The patient was initially diagnosed with cervical sprain and strain. He underwent conservative treatment consisting of physical therapy 14 sessions and medication management. Due to continued neck pain complaints and radiation to the right upper extremity, the patient underwent cervical MRI performed on 05/22/2014. This radiographic imaging study revealed a broad-based 5-mm right paracentral disk herniation at the C6-7 level with minimal anterior migration causing mild narrowing of the central canal and neural foramina bilaterally (right more than left). EMG nerve conduction study at right upper extremity performed 08/07/2014 revealed electro diagnostic evidence consistent with involvement of the C7 nerve root on the right side. Submitted clinical examination from the requesting provider describes constant aching, shooting, sharp-type pain.



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

Cervical spine may reveal diminished range of motion; right-sided Spurling sign, Hoffmann's positive and negative Lhermitte sign. After review, the informations related to the previous determination of denial of right-sided cervical ESI C7-T1 level is overturned.

There was available relevant clinical information in support of the request. Information provided reveals the presence of significant objective radiculopathy of the right upper extremity to support the request for right-sided cervical ESI C7-T1 level. Therefore, the request submitted does meet the criteria for consideration of cervical epidural steroid injection as per ODG guidelines of pain management practice. ODG states a radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing which has been determined from the submitted information. So, the source of the criteria or the bases to medical decision was ODG treatment integrated treatment/disability duration guidelines epidural steroid injection (ESI) - neck and upper back.

The denial of services is overturned.

### **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)