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DATE OF REVIEW: 4/12//2016

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical Interlaminar 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 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)

PATIENT CLINICAL HISTORY [SUMMARY]

Patient is a male who sustained a work related injury while lifting a cot into the XX on XX/XX/XX. Patient is complaining of upper back and cervical pain with associated sporadic scapular pain. MRI of the thoracic spine on XX/XX/XX showed a disc protrusion at T 7-8, T 8-9, T 9-10 without evidence of neural impingement. X-ray of the cervical and thoracic spine on XX/XX/XX with flexion and extension failed to verify any intervertebral instability. MRI of the cervical spine on XX/XX/XX showed disc herniation at C 5-6 producing mild spinal stenosis without spinal cord signal changes. EMG of upper extremities on XX/XX/XX showed no electrical evidence of cervical radiculopathy or brachial plexopathy.

Patient did undergo physical therapy starting XX/XX/XX x xx. In the treating physician's notes dated XX/XX/XX, patient is on Baclofen, Aleve, Concerta. Physical exam shows good cervical ROM on flexion, extension and lateral rotation with no tenderness noted, ROM of upper extremities is normal, upper extremities motor strength exam is normal bilaterally, DTR's 2/4 equal bilateral. On XX/XX/XX the physical exam was essentially the same with the addition of 2 point discrimination diminished in the ulnar C 8-T1 dermatome bilaterally. Phalen's and reverse phalen's positive bilaterally. On XX/XX/XX patient presented with intermittent neck pain that extends to the scapular region and upper extremities essentially with the same results on physical exam as those from the XX/XX/XX. On XX/XX/XX again patient presented with neck pain radiating to the scapula and upper extremities and associated paraspinal burning sensation with active flexion. Physical exam on this visit is the same as before, with no new findings.



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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 "Cervical Interlaminar Injection" is not medically necessary. Patient's MRI does not support an injection because no nerve root impingement or cervical root stenosis were noted on the MRI. EMG showed no electrical evidence of cervical radiculopathy or brachial plexopathy. No radicular symptoms were documented on physical exam.

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