Medical Review Institute of America, Inc.
America's External Review Network

MRIoA

June 21, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-05-1292-01/
CLIENT TRACKING NUMBER: M2-05-1292-01/5278

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIoA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIoA for independent review.

Records Received:
Received from the State:
Notification of IRO Assignment 4/14/05
IRO Assignment Letter 4/14/05
Medical Dispute Resolution Request/Response, 3/15/05
Provider List
Table of Disputed Services
Denial letters, UniMed Direct, 3/1/05, 2/11/05
MR-100 acknowledgement of receipt of request for Medical Dispute Resolution, 3/17/05

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Received from Respondent:
Medical Dispute Resolution Request/Response, 3/15/05
Provider List
Table of Disputed Services
Denial letters, UniMed Direct, 3/1/05, 2/11/05
Followup examination reports, 2/8/05, 2/18/05, 6/8/04
Preauthorization request undated
Initial consultation note, 3/3/04
Report of cervical spine MRI, 5/22/00
Rehab prescription 2/7/05
Independent review report 5/17/04

Received from the Dr. Carrasco:
Followup examination reports, 2/8/05, 2/18/05, 6/8/04
Initial consultation note, 3/3/04
Operative Report 8/2/04

Summary of Treatment/Case History:
The claimant is a 37 year-old gentleman who allegedly suffered a workplace injury on ___. Subsequently he developed neck and right shoulder pain. Physical exam reveals limited range of motion of the cervical spine and trigger points in the splenis capitis, splenis cervicia, trapezius and levator muscles of the neck and shoulder region. MRI examination reveals signs of cervical degenerative disc disease without focal herniation. He has undergone two cervical epidural steroid injections with some improvement in symptoms.

Questions for Review:

1. Request for per-authorization is made for cervical epidural injection under fluoroscopy imaging with 4-6 trigger point injections with sedation. CPT Codes #62310, #76005-WP, #20550, #99070-ST, #99070-AS and #99499-RR. Please address medical necessity.

Explanation of Findings:
The submitted medical records contain reasonable evidence for myofascial pain syndrome, but not for cervical radiculopathy. The neck and shoulder pain can adequately be explained by the trigger points found on physical examination. There are no symptoms or physical signs specific to radiculopathy. Furthermore, the two previous cervical epidural steroid injections have not produced sufficiently significant and progressive improvement to substantiate the diagnosis. Thus, the requested trigger point injections are reasonable, but a third epidural steroid injection is not. The requested fluoroscopy and sedation are not necessary for the trigger point injections.

Conclusion/Partial Decision to Certify:

1. Request for per-authorization is made for cervical epidural injection under fluoroscopy imaging with 4-6 trigger point injections with sedation. CPT Codes #62310, #76005-WP, #20550, #99070-ST, #99070-AS and #99499-RR. Please address medical necessity.

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The requested trigger point injections (CPT Code #20553 - rather than #20550 as proposed) are certified as medic ally necessary.

None of the other requested services (CPT Codes #62310, #76005-WP, #20550, #99070-ST, #99070-AS and #99499-RR) are certified as medically necessary.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:
Appropriate selection criteria for cervical epidural steroid injections are:

1) Acute radiculopathy evidenced by pain radiating in a dermatomal distribution of one or more of the cervical dermatomes, and
2) Reproduction of the radiating pain radicular compression tests or Spurling's tests.
3) Reproducible neurological abnormalities such as dermatomal sensory dimunition or myotomal motor weakness on the side of the pain, or
4) Electrophysiologial findings consistent with cervical radiculopathy.
5) Any previous epidural steroid injections have provided significant and progressive improvement in the pain.

References Used in Support of Decision:
Botwin, et al. (2003). Complications of fluoroscopically guided interlaminar cervical epidural injections. Arch Phys Med Rehabil 84:627-33.

Castagnera, et al. (1994). Long-term results of cervical epidural steroid injection with and without morphine in chronic cervical radicular pain. Pain 58:239-43.

Stav, et al. (1993). Cervical epidural steroid injection for cervicobrachialgia. Acta Anaesthesiol Scand 37:562-6.

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the national board of medical examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.
MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING

Either party to the medical dispute may disagree with all or part of this decision and has a right to request a hearing.

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If disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas Admin. Code 142.5.

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIoA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIoA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIoA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIoA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: Requestor
Respondent