

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 (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Texas Workers' Compensation Commission
Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744

FAX (512) 804-4011

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.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on September 7, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

REVIEWER'S REPORT
M2-05-2233-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

From Requestor:

Letter from patient

From Respondent:

Correspondence

Designated Reviews

Treating MD:

Office Notes 10/14/02 – 08/08/05

OR Report 09/09/03 – 01/19/05

Radiology Reports 07/26/02 – 01/19/05

Clinical History:

The claimant, sustained a work-related injury on ____ that has resulted in chronic neck and arm pain. She has undergone 2 surgeries including an anterior discectomy with interbody fusion and plating from C5 through C6 in September 2003. She reportedly did well initially but then developed radicular symptomatology and was found to have foraminal stenosis bilaterally at the C56 and C67 levels. She reportedly failed to improve with conservative treatment attempts including medications, steroid injections, etc., and therefore underwent bilateral laminar foraminotomies and medial facetectomies at the C5/C6 and C6/C7 levels during a hospitalization in January 2005. Discharge summary from the hospitalization indicates that she "no longer has any radiating arm pain" upon discharge. Followup after the surgery indicates that she may have

had a transient superficial wound infection. A followup note on February 21 indicates that she continued to have no complaints of radiating shoulder or arm pain. Two months later on a followup visit in late April, she continued to be "improving" with "no reproduction of arm pain" with provocative maneuvers. Two months later in late June, she reported some return of "aching pain" into her shoulders and occasionally into her arms, but this was not felt to be radicular. However, on that visit, the suggestion of cervical epidural steroid injections was made. In mid July, additional clarification of her symptoms included "dysesthesias and weakness in the arms in addition to pain." Consideration was given for a followup myelogram and CT scan, but the epidural steroid injections were requested to be done first.

Disputed Services:

Cervical transforaminal epidural steroid injection.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the services in dispute as stated above were not medically necessary in this case.

Rationale:

It appears that the claimant is continuing to describe pain in the back and upper extremities, right greater than left, but has undergone 2 surgical procedures including a discectomy and fusion at C5/C6 and C6/C7 followed by decompression at the same levels bilaterally for foraminal stenosis. Therefore, it would be hard to explain any ongoing radiculopathy by nerve root irritation, since there should be no structural compression of the nerve roots any longer. Additionally, this claimant has had a course of steroid injections in the past, which have been reported to have offered no relief. The time course of the return of her symptoms may implicate nerve root irritation perhaps from formation of scar tissues from the 2 prior surgeries, which would not necessarily be expected to respond or benefit from steroid injections. Follow-up imaging, as suggested by her neurosurgeon, may be reasonable, however, to look for any evidence of scar tissue to account for her ongoing symptoms as well as to look for any other potential complications, etc. At this point I do not feel that a cervical epidural steroid injection will offer any reasonable expectation for improvement in symptoms or any lasting benefit.