



CompPartners Final Report



CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name:

Texas IRO # : _____
MDR #: M2-06-0083-01
Social Security #: _____
Treating Provider: A.T. Carrasco, M.D.
Review: Chart
State: TX

Review Data:

- Notification of IRO Assignment dated 9/28/05, 1 page.
- Receipt of Request dated 9/28/05, 1 page.
- Medical Dispute Resolution Request (date unspecified), 1 page.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 2 pages.
- Follow-up Visit dated 9/13/05, 1 page.
- Initial Consultation dated 8/3/05, 3 pages.
- Cover Sheet dated 10/12/05, 1 page.
- Carrier Statement dated 10/12/05, 2 pages.
- Admission Statement dated 6/25/04, 1 page.
- Progress Note dated 8/25/04, 1 page.
- Follow-up Note dated 6/30/05, 6/16/05, 2/9/05, 9/30/04, 4 pages.
- Upper Extremity Electrodiagnostic Report dated 9/2/04, 2 pages.
- Cervical Spine MRI dated 10/11/04, 2 pages.
- Report of Medical Evaluation dated 3/4/05, 1 page.
- Designated Doctor Evaluation dated 3/4/05, 9 pages.
- Examination dated 8/26/05, 8/9/05, 4 pages.
- Operative Report dated 8/17/05, 1 page.
- Pre-examination Report dated 8/30/05, 3 pages.

Reason for Assignment by TDI/DWC: Determine the medical necessity for appeal of the previously denied series of 2 cervical epidural steroid injections with 4-6 trigger point injections.

Determination: UPHELD - appeal of the previously denied series of 2 cervical epidural steroid injections with 4-6 trigger point injections.

Rationale:

Patient's age: 62 years.

Gender: Female.

Date of Injury: ____.

Mechanism of Injury: While working as a housekeeper, lifting heavy bags of trash, she felt a pop in her neck and then began to experience pain that radiated to her lower back.

Diagnosis: Cervical pain.

The patient's subjective complaints consisted of pain and pressure in the back of the neck radiating to the left shoulder region, with occasional numbness and tingling to all the digits in the left hand. The patient's pain on visual analog scale from 0 to 10 was 7 out of 10.

Reviewing the clinical examinations from the designated doctor evaluation, as well as the independent medical evaluations, the injured worker has full range of motion of the cervical spine. There were no muscle spasms noted in the cervical region but some upper trapezius muscle tenderness. There was no gross motor or sensory loss of the upper extremities. Reflexes of the upper extremities were equal and symmetrical. Reviewing the cervical MRI report from October 11, 2004 mild degenerative disk disease at levels C4-5 through C7-T1 was noted, with no significant spinal canal and neuroforaminal stenosis identified.

The electromyogram/nerve conduction report performed on September 2, 2004, revealed normal electrodiagnostic tests. No radiculopathy was noted. Subsequent to this injury, the patient underwent conservative treatment consisting of physical therapy, medication management, chronic pain management program, and a cervical epidural steroid injection with multiple trigger point injections on August 17, 2005. The Independent Medical Evaluation dated August 3, 2005 stated that the patient had relief for approximately three days. It is the opinion of this reviewer, that this response was a steroid response and the procedure did not produce substantial and sustained improvement in the patient's pain.

The request for a series of two cervical epidural steroid injections has been denied, secondary to lack of clinical and objective evidence associated with the finding of cervical radiculopathy. Epidural steroid injections are used to decrease spinal nerve root irritations, i.e., radicular pain due to encroachment by disk herniations. This patient had no root irritation by clinical and objective evidence. Therefore, the request for cervical epidural injection was inappropriate and not medically justified. Furthermore, the ACOEM Guidelines, 2nd Edition, Chapters 6 and 8 state that epidural steroid injections are not indicated for the treatment of chronic pain with or without radiculopathy where conservative management has failed. It does not avoid surgery and there is no supporting evidence in the medical literature for this indication.

The denial of four to six trigger point injections in the cervical region is upheld as the treatment is not likely to produce substantial and sustained improvement in the patient's pain symptoms. There are no high-grade peer reviewed double-blind controlled studies which corroborate the theory that the requested intervention is efficacious in the cervical region. Simple effective

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treatments, i.e., spray and stretch techniques, as well as deep massage, specific manual resistive exercises, and an exercise program, work equally well.

Criteria/Guidelines utilized: TWCC rules and regulations.

Steven D. Waldman's *Interventional Pain Management*, 2nd Edition, Chapters 30 and 31.

Rubin D., *Myofascial Trigger Point Syndrome and Approach To Management; Physical Medicine and Rehabilitation*, Volume 62, pages 107 to 110, 1981.

Garvey TA, Marks MR, Weisel SW, Prospective, Randomized Double-Blind Evaluation of Trigger Point Injection Therapy for Low Back Pain, *Spine*, Volume 14, pages 962 through 964, 1989;

Frost FA, Jansen Lee, Anderson J, A Controlled Double-Blind Comparison of Nepivacine Injection versus Saline Injection for Myofascial Pain, *Lancet*, Volume 1, pages 499 through 501, 1980.

Physician Reviewers Specialty: Pain Management

Physician Reviewers Qualifications: Texas licensed MD, and is currently listed on the TWCC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.

Your Right to Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code § 413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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