

# IRO America Inc.

## An Independent Review Organization

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November 30, 2005

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: \_\_\_\_\_

TDI-DWC #: \_\_\_\_\_

MDR Tracking #: M2-06-0220-01

IRO #: 5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed MD, board certified and specialized in Orthopedic Surgery. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

### RECORDS REVIEWED

Notification of IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including:

Pain management note 08/04/05

Dr. Zurich letter 08/19/05

Letter from Dr. Lopez 09/02/05

Dr. Zurich letter to Dr. Lopez 09/13/05

Letter to carrier from Dr. Zurich 09/28/05

Request for medical dispute 10/26/05

## **CLINICAL HISTORY**

The Patient is a thirty two year old male that was reportedly run over at work by a large truck. He sustained multiple injuries to the right side of his body that included a pneumothorax at the time of injury. However, the documentation was not clear on the type and extent of his other injuries. According to the documentation he has been treating for two years with chiropractic care and pain management, and has not returned to his previous employment due to his high level of pain.

On the 8/04/05 pain management office visit The Patient reported continued right sided neck and shoulder pain that radiated into the right arm and noting the pain had never resolved despite continued conservative care for two years. On examination there was decreased range of motion and strength to the right shoulder and decreased sensation in the C8 distribution on the right. The diagnosis was noted as cervical radiculopathy, cervicgia, right shoulder pain, myofascial pain syndrome and low back pain. The physician recommended cervical epidural injections as The Patient's pain diagram consistent with cervical radiculopathy.

Apparently the request for the cervical epidural injections were denied by two previous peer reviews as there were no diagnostics to confirm true radicular pathology; the claim is under appeal for medical resolution.

## **DISPUTED SERVICE(S)**

Under dispute is the prospective, and/or concurrent medical necessity of Cervical epidural steroid injection.

## **DETERMINATION/DECISION**

The Reviewer agrees with the determination of the insurance company.

## **RATIONALE/BASIS FOR THE DECISION**

The Patient is over two year status post injury with reported continued right sided neck and shoulder pain that radiates into the right arm; the pain has not resolved despite conservative care for two years. On the 8/04/05 exam there was decreased sensation in the C8 distribution on the right with decreased range of motion to the right upper extremity. The physician recommended cervical epidural injections for cervical radiculopathy.

While The Patient has complaints of cervical pain for two years, there are no objective findings of a radicular nature to support the use of epidural steroid injections for this claimant. Epidural steroid injections have not been proven to be effective and are not indicated for treatment of acute or chronic pain without radicular symptoms. Injections should be reserved for acute patients who otherwise would undergo open surgical procedures for nerve root compromise. There were no diagnostic studies to confirm radicular pathology and no records that indicated this patient was a surgical candidate. Based on the information reviewed, epidural steroid injections cannot be recommended as medically necessary.

## **Screening Criteria**

1. Specific:

Orthopaedic Knowledge Update Spine 2; pages 194-195

ACOEM chapter 8, page 175.

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

**CERTIFICATION BY OFFICER**

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,

**IRO America Inc.**



Dr. Roger Glenn Brown

**President & Chief Resolutions Officer**

Cc: [Claimant]

Zurich American Ins. / FOL

Attn: Katie Foster

Fax: 512-867-1733

Gabriel Lopez

Attn: Melanie Gonzalez

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Kang Sun Lee

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## 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.

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

**I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or The Patient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 30<sup>th</sup> day of November, 2005.**

**Name and Signature of IRO America Representative:**

Sincerely,

**IRO America Inc.**



Dr. Roger Glenn Brown

**President & Chief Resolutions Officer**