



CompPartners FINAL REPORT



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-0491-01
Social Security #: _____
Treating Provider: Edward William Smith, D.O.
Review: Chart
State: TX
Date Completed: 2/23/06

Review Data:

- Notification of IRO Assignment dated 12/28/05, 1 page.
- Receipt of Request dated 10/5/05, 1 page.
- Medical Dispute Resolution Request/Response dated 10/5/05, 1 page.
- Non-Authorization after Reconsideration Notice dated 9/12/05, 2 pages.
- Non-Authorization Notice dated 8/16/05, 1 page.
- Reconsideration Request Letter dated 9/27/05, 2 pages.
- Correspondence dated 12/21/05, 2 pages.
- E-mail Message dated 1/23/06, 1 page.
- Notification of IRO Assignment/Fax Confirmation Report dated 12/28/05, 1 page.
- Table of Disputed Services, 1 page.
- Provider Federal Tax Identification Number and the License/Certification/Registration Number Request Forms, 1 page.
- Correspondence dated 1/31/06, 2 pages.
- Correspondence/Fax Transaction Report dated 12/21/05, 1 page.
- Coverage Verification/Note Detail dated 8/29/05, 9/12/05, 3 pages.
- Cover Letter/Status and Treatment Plan dated 1/25/06, 1 page.
- Medical Dispute Resolution Request/Response, 1 page.
- SOAP Note dated 8/5/05, 1 page.
- Initial Consultation (unspecified date) 4 pages.
- Lumbar Spine X-Ray Report dated 7/8/05. 1 page.
- Cervical Spine MRI dated 6/4/05, 2 pages.
- Letter of Medical Necessity/Request for Pain Management Procedure dated 9/23/05, 8/5/05, 4 pages
- Fax Cover Sheet/Authorization Request dated 8/5/05, 1 page.
- Last Transaction Note dated 8/5/05, 1 page.
- Examination Report dated 8/10/05, 1 page.
- Interim History and Physical dated 8/11/05, 1 page.
- Operative Report dated 8/11/05, 1 page.

CORPORATE OFFICE
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- Discharge Summary dated 8/11/05, 1 page.
- Treatment Note dated 8/11/05, 1 page,
- Office Note dated 9/13/05, 2 pages.
- SOAP Note dated 9/23/05, 1 page.
- Letter of Medical Necessity/Request for Pain Management Procedure dated 9/23/05, 3 pages.
- New Patient History and Physical dated 8/10/05, 8/10/05.
- Discharge Summary dated 8/11/05, 1 page.
- Operative Report dated 8/11/05, 1 page.
- Interim History and Physical dated 8/11/05, 1 page.
- Office Note dated 9/13/05, 2 pages.
- Occupational Therapy Initial Evaluation dated 7/18/05, 2 pages.
- Spine Daily Progress Note dated 7/22/05, 7/25/05, 7/27/05, 8/1/05, 4 pages.
- Record of Follow-up Visit and Findings, 1 page.
- Fax Cover Sheet dated 1/ 27/06, 1 page, 12/24/06, 2 pages.

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for cervical therapeutic epidural steroid injection #2 and #3.

Determination: UPHELD - the previously denied request for cervical therapeutic epidural steroid injection #2 and #3.

Rationale:

Patient's age: 44 years

Gender: Male

Date of Injury: ____

Mechanism of Injury: Not stated for this review.

Diagnosis: Neck pain.

The patient had subjective complaints of neck pain and low back pain. He did not note any specific precipitating event, but stated his job entailed a lot of bending, twisting, lifting, and kneeling. The patient stated that the pain began in his low back and radiated up into his neck. The patient described migraine-type headaches associated with neck symptoms. The patient denied any radiation of pain into the shoulders and upper extremities, bilaterally, as well as any numbness, tingling, or weakness in the upper extremities, bilaterally.

Subsequent to the injury, the patient was treated conservatively with physical therapy and medication management consisting of Hydrocodone 7.5/500 mg, two to three per day, Nebumetone, two per day, and Soma 350 mg, one a day. He achieved minimal pain relief. A cervical MRI was performed, which revealed mild-to-moderate broad-based posterior disk bulge/protrusion at the C5-6 level. There was no significant spinal canal stenosis, and only mild left foraminal narrowing at this level, due to uncovertebral and facet overgrowth.

The patient was then referred to Dr. Torrence Stepteau (pain management), on August 10, 2005. A review of his history and physical, revealed objective findings positive for neck pain, with right shoulder radiation when associated with lateral rotation and extension. Positive muscle spasms

without radiation in the bilateral trapezius musculature region, was also noted. There were no focal, motor or sensory deficits identified. Dr. Stepteau's assessment was neck pain with cervical radiculopathy and cervical myofascial pain syndrome. His plan was to proceed with a cervical epidural steroid injection, which was performed on August 11, 2005. A post-injection office note of September 13, 2005, reported a decrease in pain score from 10/10 to 7/10, with objective findings of resolution of radicular pain with flexion, extension, and lateral rotation of the cervical spine; however, the patient continued with trapezius muscle myofascial pain. Interesting was the "To Whom It May Concern" letter of medical necessity, dated September 23, 2005, listing previous and current treatments the patient had endured, along with this statement: "the patient and I agree that there has been no satisfactory improvement noted with the above treatments, which have already been performed."

The request for two cervical therapeutic epidural steroid injections has been denied because:

1. Lack of available relevant clinical information in support of the application, particularly, no information regarding the presence of significant objective radiculopathy exists on the follow-up note submitted, specifically, regarding the presence or absence of sensory, motor, or reflex deficits in the upper extremities or any other associated findings indicative of cervical radiculopathy. Furthermore, following the epidural steroid injection, there was no documentation of the efficacy of the procedure as related to decrease in pain medication, increase in functional activity, and/or significant decrease in pain.
2. The cervical MRI did not reveal a herniated disk and/or nerve root or foraminal compression. Therefore, the request submitted does not meet the criteria for consideration of cervical epidural steroid injection, as per current acceptable standard of pain management practice; as per the ACOEM Guidelines, Chapter 8, dealing with the chronic neck and back complaints, pages 165 to 194, as well as the guidelines outlined in the pain management textbook, *Interventional Pain Management*, 2nd Edition, edited by Steven D. Waldman, M.D., Chapter 31, Cervical Epidural Nerve Block, pages 373 to 381.

Criteria/Guidelines utilized: ACOEM Guidelines, 2nd Edition, Chapter 8.

Physician Reviewers Specialty: Pain Management

Physician Reviewers Qualifications: Texas Licensed M.D. and is currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist 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.

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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.

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