

reviewed by a physician who is a board certified in anesthesiology/pain medicine and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to all participating parties and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

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.

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 December 27, 2006.

Sincerely,

Jeff Cunningham, DC
Office Manager

**REVIEWER'S REPORT
M2 07 0030 01**

MEDICAL INFORMATION REVIEWED:

1. Initial consultation and subsequent progress notes from Dr. LeGrand from 08/30/01 through 07/24/06
2. Cervical x-ray (07/06/06)

BRIEF CLINICAL HISTORY:

This claimant was allegedly injured on _____ while working in her usual occupation in the kitchen. She apparently was picking up trays full of glasses and pulling some carts and developed pain in the back of her neck and the right shoulder blade region. She was apparently initially treated with chiropractic treatment and then referred to Dr. LeGrand for neurosurgical consultation on 08/30/01. Dr. LeGrand noted her pain in the right trapezius. He noted that she had “no true radicular arm pain.” Physical examination documented muscular tightness and tenderness over the right medial trapezius and medial scapular region. Strength, sensation, and reflexes were all normal in both upper extremities. Dr. LeGrand recommended cervical MRI scan. In his followup on 10/01/01, Dr. LeGrand noted that the cervical MRI scan was entirely normal and recommended a trigger point injection. The claimant followed up with him approximately 2 months later following the trigger point injection, reporting “considerable relief.” Dr. LeGrand noted the claimant was back at work. The claimant subsequently had recurrence of pain and another trigger point in March 2002, after which she again reported “excellent relief of pain.” She had another recurrence of pain in August 2002 and received another trigger point injection. In February 2003 Dr. LeGrand noted the claimant was obtaining “excellent results” with a TENS unit and still had pain localized to the right medial trapezius region. In July 2004 the claimant was seen again by Dr. LeGrand who again noted the same tenderness over the right medial trapezius, recommending another trigger point injection. The claimant was not seen again by Dr. LeGrand for 2 years until July 6, 2006. At that point, he reviewed the claimant’s previous history of receiving several trigger point injections, giving her “significant” relief . She complained of the same posterior cervical and intrascapular pain as usual, and physical examination again documented normal reflexes, normal sensation, and normal strength in the upper extremities. Dr. LeGrand ordered cervical spine x-rays, which were entirely normal. He recommended that the claimant undergo a cervical epidural steroid injection. The request was appropriately reviewed by a physician adviser who stated that the procedure was not medically reasonable and necessary based upon the normal cervical MRI scan and lack of abnormal objective neurologic findings on exam. Dr. LeGrand requested reconsideration

of the request. Reconsideration was appropriately performed by a different physician adviser who also stated that the procedure was not medically reasonable and necessary based upon the lack of MRI evidence of disc herniation or focal nerve root compromise as well as the lack of exam evidence of radiculopathy.

DISPUTED SERVICES:

Cervical epidural steroid injection.

DECISION:

I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE.

RATIONALE OR BASIS FOR DECISION:

This claimant has never had any complaints of radicular pain nor any physical examination findings of radiculopathy. Moreover, she has no objective evidence of disc herniation or nerve root compromise. Therefore, by accepted medical standards, this claimant is not an appropriate candidate for cervical epidural steroid injection. Moreover, the fact that this claimant has always obtained significant, even complete, relief of pain with trigger point injection clearly indicates that her problem is one of myofascial pain, not radiculopathy. Cervical epidural steroid injection is also not medically reasonable, necessary, or indicated for treatment of myofascial pain.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:

ODG and AECOM Guidelines state that epidural steroid injections are appropriate for the treatment of radiculopathy due to disc herniation and/or nerve root compromise. In this case, there is no objective evidence of cervical spine pathology nor any examination evidence of radiculopathy.