



Medical Review Institute of America, Inc.
America's External Review Network

December 28, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-07-0449-01

CLIENT TRACKING NUMBER: M2-07-0449-01

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above-mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing 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 decision before referral to the IRO.

Records Received:

Records received from the state:

- Notification of IRO Assignment, 12/4/2006
- Notice of Receipt of Request for Medical Dispute Resolution, 12/4/2006
- Medical Dispute Resolution Request/Response form
- Table of Disputed Services
- List of providers

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- Letter from Lois Garcia, RN, 10/2/2006
- Dr. Berliner's Procedure Orders form

Records from the Requestor:

- Notice of Receipt of Request for Medical Dispute Resolution, 12/4/2006
- Instructions for completion of Medical Dispute Resolution form
- Flow sheet
- Instructions for the claimant
- Follow-up care instructions
- Progress report, 9/15/2005
- Chest x-ray reports, 9/30/2005
- X-ray request left clavicle
- Operative report, 10/4/2005, left clavicle fracture internal fixation
- Progress reports, 10/14/2005, 10/21/2005, and 11/4/2005
- Request for antibiotics, 11/1/2005
- Computerized muscle testing and range of motion of the left shoulder, 11/4/2005
- Progress report noting intermittent pain around the left shoulder, 12/2/2005
- Left shoulder x-ray request
- Computerized muscle testing and range of motion of the left shoulder report, 1/6/2006
- Physical findings summary, 1/6/2006
- Request for laboratory investigations, 1/6/2006
- Preoperative clearance order
- Progress reports, 1/6/2006, 3/10/2006, 3/17/2006
- Operative report, 3/1/2006 surgical report hardware removal
- Radiograph report left shoulder
- 3/24/2006 designated Dr. medical evaluation report Dr Bangale. The doctor indicates that the patient has reached maximum medical improvement on 3/24/2006 and has 0% impairment. The doctor notes radiographs of the cervical spine performed 19/10/2005 word "negative". It is noted that the patient has multilevel scoliosis, osteopenia and multilevel degenerative changes. Neurological examination is noted to be normal. There is no restriction of the neck range of motion. There is no myelopathy described. She is reported to have some findings consistent with tennis elbow bilaterally. The grip strength is decreased on the left side and this is reported to be consistent with the tennis elbow findings. The report notes that the "employability is not likely to improve with further act of medical treatment and/or surgical intervention and other supportive measures for the compensable injury".
- The report of medical evaluation
- 4/3/2006 progress report from Dr. Berliner questioning the maximum medical improvement decision

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- Report from Texas mutual insurance company notifying the patient of further disability and medical benefits, 4/5/2006
- Report for computerized muscle testing and range of motion of the shoulder, 4/17/2006
- Progress report, 4/17/2006
- Progress report, 4/24/2006. At this time the patient now complains of a back injury dating from _____. She also complains of neck pain and left hand numbness in the morning. She says that the lower back problems have resolved. The patient says that the numbness is not present at this time of examination. The range of motion of the neck is noted to be decreased mostly inflection and extension. Neurological examination is described as symmetrical and without deficit. The diagnosis now includes lumbar strain and cervical discogenic pain with intermittent neurologic symptoms. The doctor now reports that the patient has been complaining of persistent neck pain with intermittent neurologic symptoms but she has not had a complete evaluation. He requests an MRI scan of the cervical spine.
- MRI scan cervical spine report, 5/1/2006. The radiologist identifies mild loss of the normal cervical lordosis, 1 mm posterior central disk herniation at C3 C4, 2 mm posterior central disk herniation at C4 C5, C5 C6, posterolateral spur formation bilaterally at C5 C6 and C6 C7 producing mild foraminal narrowing. There is no report of stenosis or nerve root or spinal cord impingement.
- Progress report 5/12/2006, the diagnosis now includes left clavicle fracture, previous surgery for the clavicle and also "neck pain". She has no radicular complaints. The doctor recommends cervical facet blocks and consideration of diskogram and CT scan.
- History and physical examination, 5/23/2006. The report identifies the MRI scan is positive for disk protrusion at three different levels. Pain management specialist recommends epidural steroid injections for discogenic pain. He also diagnosis discogenic and for cervical facet joint syndrome pain. The recommendation from Dr. Ribero is epidural steroid injection at C6-C7.
- Letter of medical necessity for physical therapy, 7/20/2006
- Progress report Dr. Ribero, 7/25/2006
- Letter from Texas Department of Insurance noting that the compensable injury now includes "cervical", 8/28/2006
- Letter from Dr. Bengale, 9/6/2006
- 9/7/2006 report from Dr. Bengali. This concludes that the claimant has not reached maximum medical improvement and is now noted to have a cervical spine injury. He notes that because the patient had no pain complaints and did not report that she was taking pain medication he was of the opinion that she had reached a maximum medical recovery. Electro diagnostic studies of the upper extremities are thought to be required. The patient claims that she injured her neck on _____. Review of the records by the doctor indicates that the patient had no complaints related to her neck in the medical records provided. He notes that there are signs of depression. He notes that the time of his examination the patient has

no complaints relating to the lumbar spine. He notes the radiograph of the cervical spine at the time of injury. At the time of his examination the thoracic and lumbar areas and both legs are without symptoms. His reports suggest that the patient has decreased flexion and extension, lateral flexion, rotation of the neck. His report indicates decreased sensory examination of the left upper extremity in a non-dermatomal pattern. His report indicates 4/5 strength of the left upper extremity compared to 4+/5 on the right upper extremity. There is no focal motor weakness. He indicates that the patient has not reached a maximum medical improvement as far as her compensable neck injury complaints.

- Cervical epidural steroid injection C7 –T1 by Dr. Ribero, 9/13/2006
- 9/20/2006 progress report from Dr. Ribero. The patient has neck pain and has had the second epidural steroid injection. He indicates that he has had 80% relief of the pain. He indicates that he is leaving the area the next week.
- 10/20/2006 medical review of the request for the third epidural steroid injection denial by Dr. Goldsmith
- Request for Phenergan suppositories, 10/20/2006

Records received from the respondent

- Texas Mutual review from medical review Institute of America indicating the carrier's statement with respect to this dispute, 12/20/2006

Summary of Treatment/Case History:

This patient is a 57-year-old female who injured her left shoulder at work on _____. The patient was injured on _____ and had open reduction and fixation of a left clavicle fracture on 10/4/2005. The hardware was removed on 3/1/2006. The patient had an MRI scan 5/1/2006. They showed small herniations without impingement on the nerves and without reported stenosis. The patient had no motor or sensory deficits. The patient was diagnosed as having pain from the disks and the facet joints. The patient was noted to have neck pain with no radiation. Epidural steroid injections were performed on 7/19/2006 and 9/13/2006. Relief was claimed, but there is no documentation of objective or functional measurable improvement, and there was no functional outcome described. There is no documentation of radiculopathy. The patient is not working.

Questions for Review:

Item (s) in Dispute:

1. Pre-Authorization Request: Cervical Epidural Steroid Injection #3 (#62310).

Explanation of Findings:

There is no indication for consideration of another cervical epidural steroid injection in this case. The previous request has been denied because all the official disability guidelines recommendations that cervical epidural steroids are an option instead of surgery or to avoid surgery. This patient is

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not considered a candidate for surgery and, therefore, the epidural steroid injection has been denied. There has been no documentation of radiculopathy. Long-term functional benefits of epidural steroid injections have not been documented in the literature by controlled studies and therefore the epidural steroid injection has been denied. The Official Disability Guidelines recommend no more than two injections.

The patient has comorbidities of left knee injury in ___ with surgical treatment. No other injuries to the shoulder or spine are described.

Review of the provided medical records indicates that the patient had a fracture of the left clavicle and a neck injury after the described fall on _____. The patient complained of neck pain and eventually received a diagnosis of discogenic pain and cervical facet joint pain. No neurological deficits have been described consistently except diffuse numbness complaints objectively and diffuse weakness in a non-anatomical pattern.

The radiographs described only some mild loss of the normal amount of cervical lordosis. MRI scan of the cervical spine showed only multilevel mild disc bulging reported without significant herniation stenosis spinal cord impingement or other abnormality suggestive of a significant disk herniation which could explain the patients complaints of diffuse neck pain and intermittent left arm and non-dermatomal numbness.

It is noted that the patient received 2 epidural steroid injections (7/19/2006 and 9/13/2006). The doctor's report indicates "80% relief". However, there is no documentation of objective or functional measurable improvement.

There is no indication of objective neurological deficit. There is no indication of physiologically verifiable neurological abnormality. There is no clinical or radiographic indication for surgical treatment consideration for the cervical spine.

Conclusion/Decision to Not Certify:

1. Pre-Authorization Request: Cervical Epidural Steroid Injection #3 (#62310).

The requested service, Cervical Epidural Steroid Injection #3 (#62310), is not medically necessary or appropriate.

Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:

In general the purpose of epidural steroid injections is to reduce pain and inflammation, restore range of motion, facilitate progress in active treatment programs and avoid surgery. This treatment alone offers no significant long-term functional benefit. The patient should have radiculopathy

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documented by physical examination and corroborated by electrodiagnostic testing or imaging studies. Documentation of initial lack of response to nonsurgical treatment is necessary. A maximum of two injections may be performed. A second injection is not recommended if there is inadequate response to the first injection. Diagnostic block should be at intervals of at least 1–2 weeks between the injections. Repeat injections should be after documentation of objective pain and functional response. Repeated injection should only be offered if there is at least 50% pain relief for 6–8 weeks with a general recommendation of no more than four injections per region or year.

References Used in Support of Decision:

- Carrette S et al. epidurals for sciatica associated with herniated nucleus pulposus. New England Journal of Medicine 1997 June 5; 336 [23]
- official disability guidelines treatment online -- neck 2006
- American College of occupational and environmental medicine ACOEM occupational medicine practice guidelines 2004 Chapter 8
- American Society of international pain physicians. [2003]. Evidence based practice guidelines for intervention techniques in the management of chronic spinal pain. <http://www.asipp.org>
- ACOEM Chapter 8 page 173–174

The physician providing this review is board certified in Orthopaedic Surgery. The reviewer has held academic appointments as Assistant Instructor at a state university, Assistant Professor of Orthopaedics, Assistant Professor of Neurosurgery and Director of an orthopaedic hospital spine center. The reviewer has been extensively published and has given numerous presentations and organized seminars in his field of expertise. The reviewer has been in active private practice since 1983.

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.

Chief Clerk of Proceedings/
Appeals Clerk
P. O. Box 17787
Austin, TX 78744

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

In accordance with Division Rule 102.4(h), 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 this 28 day of Dec/2006.

Valerie Ottman

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, and the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no

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liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Valerie O ext 554

Cc: Requestor
Respondent