



Specialty Independent Review Organization, Inc.

January 22, 2007

DWC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-07-0555-01  
IRO #: 5284

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

Specialty IRO 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.

This case was reviewed by a licensed Medical Doctor with a specialty in Anesthesia and Pain Management. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

This 56 year old woman injured her neck and back on \_\_\_\_\_. She has had cervical multi-level fusion as well as lower back surgery. She has had a CT myelogram, an MRI of the cervical spine and EMG/NCV. Her current medications include Hydrocodone, Effexor, Ambien and an anti-hypertensive.

#### RECORDS REVIEWED

Records from treating doctor include the following: Dr. Randhawa history and physical notes, Crawford and Co. notes, pain med consultants- Functional testing and impairment, Notes from Center for Industrial rehabilitation, notes from institute for Dynamic Rehabilitation, Notes from Pain Control and Functional Restoration Clinic, EMG/NCV test results, CT myelogram results,

Hauser clinic notes, Notes from Kevin Smith, Notes from Dr. Edmondson, Functional Muscle testing summary, Fitness and Rehabilitation Services-notes, Baylor College admission notes, Dr. MacDougal notes, Dr. McCain notes and Gulf Coast Orthopedic Spine consultant notes.

Records from the carrier include the following: Dr. Randhawa history and physical notes, Notes from Pain Control and Functional Restoration Clinic, letter from P Blackshear, TX Anesthesia Back Pain Center notes, Drs. Edmondson and Hauser notes, CT myelogram results, notes by Drs. Lionberger, McCain, Ghadially, Croft, Perez, Parrish, Murphy, Parker, Gildenberg, Blacker, McDonald, Trask and McDougal, Jackson and Jones neurology notes, operative reports, PT notes, Fitness and Rehabilitation Services, LLC notes, and a note from Kevin Smith.

### REQUESTED SERVICE

The requested service is a series of three cervical epidural injections and a left cervical facet joint injection.

### DECISION

The reviewer agrees with the previous adverse determination in part and disagrees with the previous adverse determination in part. A single cervical epidural steroid injection and a single facet joint injection are indicated according to the reviewer.

The remaining two cervical ESI's are denied.

### BASIS FOR THE DECISION

This decision is supported by the ASIPP Practice Guidelines, page 39 algorithm and page 41 of the algorithm. The concept of a mandated series of three ESI's has been questioned in the era of fluoroscopic guidance as per Harrington. Rather the patient should be evaluated carefully after the first injection to determine the appropriateness of further interventions.

### REFERENCES

Manchikanti et al. ASIPP Practice Guidelines, Interventional Techniques in the Management of Chronic Pain: Part 2.0 Pain Physician, Vol 4, Number 1, 2001 pp 24-98, 2001

Manchikanti et al ASIPP Practice Guidelines, Interventional Techniques in the Management of Chronic Pain: Part 2.0 Pain Physician, Vol 4, Number 1, 2001, pp 39 and 41 (fig 3a and 4a)

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has 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 decision before referral to the IRO.

Sincerely,

Wendy Perelli, CEO

### **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.**

Sincerely,

Wendy Perelli, CEO

**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 claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 22<sup>nd</sup> day of January 2007**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative: Wendy Perelli**