



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** September 25, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:**

Cervical and lumbar epidural steroid injections.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

The IRO physician reviewer licensed in the State of Texas. The reviewer is fellowship-trained in Pain Management and Board Certified in both Anesthesiology and Pain Management. The reviewer has 20 years of experience practicing Chronic Pain Management.

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. Medical records of Dr. and Dr.
2. MRI reports of the lumbar spine, cervical spine, left scapula and hips.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This claimant was allegedly injured when she tripped and fell at work landing on her left side and elbow. She was initially evaluated by Dr. complaining of neck pain, chest pain, low back pain, bilateral hip pain and left scapula pain. Dr. noted that the claimant had a CT scan of the chest previously performed, demonstrating multiple rib fractures. Physical examination documented no referral of pain into the leg with palpation of the left sciatic notch, and “equivocal” straight leg raising test on the left, and normal motor, sensory, reflex and joint examinations. Dr. ordered multiple MRIs.

On July 10, 2007, lumbar MRI was performed demonstrating a diffuse disc bulge at L2-3 with mild facet osteoarthritis at that level. No disc herniations, spinal cord or nerve root compromise, or spinal stenosis were noted. Cervical MRI demonstrated left foraminal stenosis at C5-6 with a mild diffuse disc bulge, as well as borderline canal stenosis at C4-5 with a diffuse disc bulge. Left scapula MRI was essentially normal. Hip MRIs demonstrated an anterior left acetabulum fracture. The claimant was then referred to Dr. on August 15, 2007, for pain management consultation. Dr. documented the claimant's chief complaint as "back pain." Physical examination documented no abnormal findings whatsoever, only the claimant's report of pain in the back of her neck and low back. Dr. then requested cervical and lumbar epidural steroid injections. The request was appropriately reviewed by a physician advisor on August 20, 2007, who recommended non-authorization based on ODG. The claimant then returned to Dr. for followup on August 22, 2007, still complaining of neck, left shoulder and arm pain. Physical exam, however, demonstrated only nonspecific tenderness of the neck and shoulder, with absolutely no physical examination whatsoever of radiculopathy. A second physician reviewer recommended non-authorization of the appeal on September 4, 2007, citing ODG guidelines.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

No physical examination by either Dr. or Dr. demonstrated any evidence whatsoever of radiculopathy. Additionally, neither the lumbar nor cervical MRIs demonstrated any evidence of disc herniation, spinal cord compression or neural compression. The evidence of borderline canal stenosis and left foraminal stenosis seen on the cervical MRI were due to a "very mild disc bulge," which would not, in all medical probability, be a condition that was caused by the slip and fall injury. Therefore, per the ODG, there would be no medical reason, necessity, indication or justification for either cervical or lumbar epidural steroid injections. This upholding of the previously recommended non-authorizations is supported by the lack of physical examination evidence of radiculopathy and the lack of radiologic imaging study evidence of disc herniation or nerve root or spinal cord compression. Neither cervical nor lumbar epidural steroid injections, therefore, are medically reasonable or necessary treatment as related to the slip and fall injury.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.

AHCPR-Agency for Healthcare Research & Quality Guidelines.

DWC-Division of Workers' Compensation Policies or Guidelines.

European Guidelines for Management of Chronic Low Back Pain.

Interqual Criteria.

Medical judgement, clinical experience and expertise in accordance with accepted medical standards.

- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)