



Southwestern Forensic
Associates, Inc.

Amended August 21nd, 2008

REVIEWER'S REPORT

DATE OF REVIEW: 08/19/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical epidural steroid injections.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation,
and Pain Management

REVIEW OUTCOME:

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

_____ Upheld (Agree)

 X Overturned (Disagree)

_____ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. I reviewed an x-ray of the fourth metatarsal head that showed nondisplaced fracture, read by Dr. on 04/25/06.
2. Cervical spine MRI scan on 06/01/06 read by Dr. showed osteophyte at the left uncovertebral region at the C4/C5 level on the left, bulging disc at the C4/C5 toward the left, and a disc protrusion centrally at the C5/C6 level.
3. I reviewed an EMG study report of 06/02/08 by Dr. He indicated he was unable to identify cervical radiculopathy or brachial plexopathy on the left. He could not find any peripheral nerve disease or compression.
4. I reviewed notes from Dr. beginning 06/06/06 and forward.
5. I reviewed a 06/26/06 report from Spine Team where she was diagnosed with left shoulder tendinitis, cervicgia, and possible C6 radiculopathy according to Dr.
6. On 06/12/06, diagnoses were cervical disc displacement at C5/C6, cervical disc desiccation, secondary myofascial pain, axial neck pain as authored by Dr.

7. Similar diagnoses were authored by Dr. on 09/11/06.
8. MRI scan of the cervical spine read by Dr. on 09/11/06 showed disc herniation at the C5/C6 level with mild spinal stenosis at C6/C7 level as a result of the disc protrusion.
9. I reviewed a note from Pain Medicine and Anesthesiology, Dr. dated 12/06/06.
10. I reviewed a 12/16/06 procedure note, which was a cervical epidural steroid injection by Dr.
11. On 02/16/07 a cervical epidural steroid injection as well as myofascial trigger points were performed by Dr.
12. I reviewed a Required Medical Examination from Dr. dated 09/21/07. Diagnosis was "cervical strain with herniated disc, right foot fracture, healed."
13. I reviewed physical therapy notes from May 2006.
14. I reviewed notes from Dr. from 05/19/08 where she was seen for neck, bilateral shoulder, and left arm pain. It was felt she had cervical radiculopathy.
15. I reviewed a 06/16/08 report from Dr. who diagnosed her with cervical spondylosis without myopathy and cervical radiculopathy.
16. I reviewed a 07/09/06 report from Patient Care Coordinator for Dr. The note indicates that the injured employee was having pain 100% of the time, which was dull and aching and extended from her neck into the left shoulder and down the left ventral arm and forearm into the palmar aspect of the left hand and into the left finger, history of epidural steroid injection with good relief for 3 months and no injections since February 2007. She tried physical therapy and spinal decompression therapy with short-term improvement.
17. I reviewed a 07/31/06 note from Dr.. There was decrease in range of motion of the cervical spine with normal strength and symmetric reflexes with sensation normal in the extremities. This note indicates she had 50% relief of her symptoms following the epidural steroid injection on 07/26/06. The first injection provided her 20% relief.
18. The appeal letter of 05/19/08 indicates that Dr. stated that she had left arm weakness, numbness in the left medial and left arm and the volar surface of the left forearm and left little finger and left palm. These were under the subjective areas of his evaluation. Under the clinical component, muscle strength was normal in the right upper extremity. She had a weak left triceps and decreased sensation to the left little finger.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is a female who was injured on a company-sponsored function when she was driving a go-cart and hit a wall. She has had a negative EMG study. She has had several MRI scans, the most recent showing two disc herniations. She has had physical therapy and two cervical epidural steroid injections, the first of which did not provide her much relief, but the second one gave her 50% relief for over three months. She does have neck and left upper extremity complaints, and on the examination, Dr. did suggest there was a left-sided radiculopathy likely present coinciding with the pathology identified at MRI scan.

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

I believe that the epidural steroid injection is reasonable. She does appear to have signs and symptoms compatible with left cervical radiculopathy. Even though the EMG study was negative, clinically it appears to be present. She has had three months of favorable

response of over 50% pain relief from her second cervical epidural steroid injection, which was in February 2007. Sufficient time has elapsed for her to have a repeat epidural steroid injection, in my opinion.

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 judgment, 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.)