



Southwestern Forensic
Associates, Inc.

Amended September 8, 2008

DATE OF REVIEW: 08/25/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical facet injections.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, 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. I have for my review a report entitled “History and Physical Examination” dated 06/23/08, five pages in length, authored by Dr. . Reference is made to this injured employee being a xx-year-old male involved in an incident at work on xx/xx/xx with complaints of bilateral cervical pain, headaches, and suprascapular pain bilaterally. He denied any specific traumatic event. He felt the treatment of symptoms were due to cumulative activities. He appears to have a possible C6 radicular component on the left side. He does, however, have a history of bilateral carpal tunnel syndrome. The pain decreases with his head in neutral position. He denied any radiating pain into his hand but states his arm pain is primarily dull and occasionally tingling. He has tried chiropractic care, physical therapy, TENS unit, and cervical traction in the past. He did find traction and manipulation to be somewhat helpful. He is taking two hydrocodone tablets a day. On clinical exam he was found to have decreased sensation in the C6 distribution on the left. A 06/02/08 MRI scan showed a posterior disc protrusion at the C6/C7 level without central canal stenosis. Left shoulder MRI scan on 06/02/08 showed supraspinatus and subscapularis tendinosis with a type 2 acromion.

2. An EMG study on 04/21/08 was unremarkable for cervical radiculopathy. There was left motor neuropathy across the elbow noted and a questionable left median motor neuropathy. He was noted to have pain on neck extension with improvement in cervical symptoms and cervical distraction. There was tenderness over the posterior elements of the spine, specifically over the left C3/C4 and C5/C6 facet joints. He has requested C3/C4, C4/C5, and C5/C6 cervical facet injections.
3. I reviewed a determination from , R.N. dated 07/18/08.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is a xx-year-old male who developed insidious onset of neck and periscapular pain attributed to activities at work commencing sometime in xx/xx. He has had chiropractic care and physical therapy. He has had EMG testing as well as MRI scan of the cervical spine and left shoulder. He has radicular symptoms in his left upper extremity in a C6 distribution. He is on hydrocodone.

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

The ODG Guidelines suggest that facet blocks be limited only to those individuals who have no radicular component, which this individual apparently does have. They also suggest limiting the injections to only two levels, and three have been requested. There does appear to be an etiology for the pain, that being the disc protrusion identified on the MRI scan at the C6/C7 level.

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.
- __X__ Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
- ____Mercy Center Consensus Conference Guidelines.
- ____Milliman Care Guidelines.
- __X__ 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.)