



Southwestern Forensic Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 08/29/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Cervical epidural steroid injections.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the spine-injured patient.

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)

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate male suffered a lifting injury to his cervical spine and right shoulder on xx/xx/xx. He had findings compatible with rotator cuff impingement syndrome and underwent an arthroscopic surgical procedure on the right shoulder on 09/06/06. He has had persistent symptoms of shoulder pain and diminished range of motion subsequent to that surgical procedure. He has persistent complaints of cervical spine pain. Epidural steroid injections have been requested and denied on at least two occasions. MRI scan on 08/11/06 of the cervical spine revealed bulging discs at C5/C6 and C6/C7. There are no consistent physical findings of radiculopathy.

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

The ODG requires well-documented evidence of radiculopathy by history, physical

findings, and confirmatory studies including special imaging and EMG/nerve conduction studies to recommend epidural steroid injections. These findings are not present. Denial of epidural steroid injections appears appropriate and should be upheld.

**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, 2008, Neck and Upper Back Chapter, epidural steroid injection passage.  
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.)