



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: January 3, 2008

DWC CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Epidural steroid injection.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified Physiatrist, Board Certified in Chiropractic, Physical Medicine and Rehabilitation, as well as certified in 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. A report dated 03/19/2007 from Dr.. He describes a xx-year-old female following up after a left C5-6, C6-7 FMNB. On that date reference is made to having a 50% improvement in the pain in her neck from the procedure that was performed. In another part of the report he indicates that she had a 40% improvement. He recommended a left C5-6, C6-7 radiofrequency thermal coagulation procedure.
2. An 04/24/2007 report from the same doctor. She was there following up on her radiofrequency thermal coagulation procedure at the C5-6, C6-7 levels on the left side. Her visual analog pain scale was 4-5 out of 10. He indicated that she found 60% improvement in her symptoms following this procedure.
3. On 05/18/2007, she was seen by Dr. in the xxxxx. He felt that she had a lifting injury with an accepted compensable injury of the C5-6, C6-7 injury with facet arthropathy and some indication of some stenosis and some disc protrusion. She is postoperative status x2 for ACDF, first at C6-7 and an ACDF at C5-6. She has been presumed to have left upper extremity radiculopathy that has been considered a C-6. Her first surgery was on 02/17/2005 involving an anterior cervical discectomy and fusion at C6-7. Prior to that

three epidural steroid injections did fail to resolve her symptoms. In 06/2005, she had an anterior cervical discectomy and fusion at the C6-7 level.

4. Notes from Dr., chiropractor, who had also evaluated her on 05/21/2007. She at that time had gone through a functional capacity evaluation. It was recommended that she have light capacity work with an occasional lifting of up to 28 pounds from floor to knuckle and 20 pounds to shoulder height as well as carrying. She should be limited to no more than four hours of pushing and pulling and two hours of overhead reaching.

5. An 08/08/2007 report from Dr.. Dr. felt that she had cervical facet syndrome having undergone fusion from C5 to C7 previously.

6. Progress notes from Dr. dated 08/06/2007 and 08/08/2007. There is an MRI scan report of the cervical spine with and without contrast dated 08/30/2007 authored by Dr. . The impression is "status post anterior fusion at C5 through C7. Small spondylotic ridges at C3-4 and C4-5. No significant cord compression. Mild bony foraminal encroachment at C4-5 secondary to degenerative changes of uncovertebral joints."

7. A medical review summary from. It appears that the initial injury was on 06/24/2003 while she was bending to pick up some roasts that were in an oven.

ODG Guidelines were presented for review.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee apparently was lifting some roasts out of an oven on xx/xx/xxxx, resulting in complaints of neck pain. She ultimately ended up having two surgical procedures developing in a fusion from C5 to C7. She had ongoing post surgical pain, which was managed with medications and facet blocks. Pre-surgical epidural steroid injections failed to resolve her symptoms. Post-surgical facet blocks as noted by her treating physician indicated anywhere from 40-60% improvement including the radiofrequency ablation procedure on the left side in the mid cervical spine. Cervical epidural steroid injections have been recommended. She has ongoing neck pain ranging from a 4-5 on a visual analog scale without any radicular symptomatology identified. Recent MRI studies show degenerative and postsurgical changes, but nothing compressive.

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

According to Occupational Disability Guidelines, epidural steroid injections may be appropriate for radicular symptoms, which does not appear to be the case here. The fact that she derived anywhere from 40-60% improvement with facet blocks and radiofrequency ablation would suggest that the facets are likely the etiology of her symptoms. Cervical epidural steroid injections are not appropriate for facet-mediated pain. Epidural steroid injections, again, according to Occupational Disability Guidelines, requires physical examination abnormalities confirming radiculopathy corroborated by imaging studies and/or electrodiagnostic studies. None of that exists in this case.

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.)