Southwestern Forensic Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 07/09/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Left trochanteric bursal injection.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
D.C., D.O., M.S., 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)

__X __Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:
1. Notes from D.C., who was treating her for her lower back complaints.
2. I reviewed a 02/28/08 MRI scan report of the lumbar spine indicating multilevel degenerative changes along with a retrolisthesis of L5 on S1 with a small disc protrusion at T11/T12 and T12/L1 as well as a disc extrusion at L1/L2 and a disc protrusion at L5/S1. Date of injury was listed as xx/xx/xx.
3. I reviewed the prior chiropractor progress notes from Dr., her chiropractor. She was complaining of lower back pain and pain down the left leg when he saw her on 03/30/08.
4. I reviewed a report from Dr. at the Spine Institute. He felt that she had a left L5/S1 radiculopathy with left lumbar facet syndrome and ultimately also felt she had left trochanteric bursitis. She did have two selective nerve root blocks at the L5/S1 level, which gave her good relief the first time but not much relief the second time. She had a left trochanteric bursal injection, which gave her some relief the first time, and the second one was proposed. She continued to have persistent pain in the left greater trochanteric region when he saw her on 05/02/08. On 05/08/08 she had her left S1 selective nerve root

block repeated. When he saw her on 05/21/08, there was a notation that her leg symptoms were 100% better, but she was still having left buttock and hip pain. She continued to have tenderness over the greater trochanter. When he saw her on 05/30/08, she was still having pain in the left greater trochanteric region with moderate to severe bursal tenderness identified at that level.
5. I reviewed a request for a left trochanteric bursa injection dated 06/20/08.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
Unfortunately there is very little history in this file. It appears as though this is a xxyear-old female who on xx/xx/xx was involved in some type of a "wreck," according to Dr.. There was no other reference made to the history in this case.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:
The injured employee has significant degenerative disc pathology and disc protrusions in the lumbar spine which can cause a radicular component to her symptomatology. She also has focal tenderness over the left greater trochanter and did, by history, respond to the first trochanteric bursal injection. A prior reviewer had denied a repeat of the trochanteric bursal injection, citing ODG Guidelines, referencing an intraarticular injection of the hip. This, however, is not what is being proposed. She has focal tenderness over the greater trochanteric region relieved with a prior injection, so it is my opinion that a repeat trochanteric bursal injection, not an intraarticular injection, is reasonable. The ODG Guidelines do not specifically address bursal injections. However, it is a common practice to inject an inflamed bursa such as appears to be the case with this injured employee.

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.)