



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 03/04/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Lumbar epidural steroid injections.

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)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. I reviewed a request for review of a third epidural steroid injection.
2. I reviewed a radiology report from Dr. dated 10/10/06, showing a minimally displaced fracture in the medial-proximal navicular bone, which appears to involve the navicular tuberosity with associated soft tissue swelling. There is dislocation of the talonavicular articulation. The calcaneocuboid articulation appears unremarkable. The ankle mortise itself appears unremarkable.
3. I reviewed a pelvic x-ray by the same doctor on 10/10/06, which showed no fractures, but there were degenerative changes in both sacroiliac joints.
4. CT scan of the abdomen and pelvis on 10/10/06 show a right-sided pars defect at L5 with degenerative changes, according to Dr.
5. Full spine CT scan on 10/10/06 showed “no evidence of any acute fracture or abnormalities of the cervical, thoracic, and lumbar spines.” This was read by Dr.
6. I reviewed an examination report of 10/17/06. It appears the injured employee was complaining of headaches, midback pain, neck pain, low back pain, bilateral wrist

pain, right ankle, and foot pain subsequent to an injury that occurred at work on 10/10/06. The employee stepped on a scaffold fifteen feet high, the scaffold came loose, and he fell. His right foot struck the ground first, then his low back and head. He had no loss of consciousness. This report was from Dr. chiropractor.

7. I reviewed various chiropractic progress notes from the Clinic.
8. I reviewed a report from Dr. orthopedic surgeon, dated 10/24/06.
9. I reviewed an x-ray report of 10/24/06 from Dr. which reads, "Normal right ankle series. Modest-sized plantar calcaneal spur."
10. I reviewed another report from Dr. dated 11/07/06.
11. I reviewed notes from Diagnostics with the report dated 11/07/06.
12. I reviewed an MRI scan of the left ankle report dated 11/15/06 authored by Dr. The impression was "MR Stage I, chondromalacia present throughout the knee, small effusion, no meniscal, cruciate ligament, or collateral ligament tears."
13. I reviewed a report from Dr. neurologist, dated 11/21/06.
14. An EMG study was performed that showed bilateral carpal tunnel syndrome with no evidence of cervical radiculopathy or thoracic outlet syndrome.
15. I reviewed an 11/28/06 note from Dr.
16. There was an abnormal ENG by Dr. on 11/30/06.
17. I reviewed a 12/04/06 report from his chiropractor.
18. I reviewed an initial mental health evaluation of 12/11/06.
19. I reviewed an MRI scan of the cervical spine from Dr. dated 12/12/06, which reads, "C2/C3, C3/C4, C4/C5, and C6/C7, and C7/T1: normal. C5/C6: 1-mm central disc bulge." MRI scan of the lumbar spine on 12/12/06 read by the same doctor shows "L1/L2 and L2/L3: normal. L3/L4: 1-mm broad disc bulge. L4/L5: 1-2 mm disc protrusion. L5/S1: 3-mm right paracervical disc protrusion with a hyperintensity suggesting acute irritation of the disc. There is potential right S1 nerve impingement and borderline thecal sac stenosis at this level due to the protrusion."
20. I reviewed a 01/02/07 note from Dr. He was complaining of numbness and tingling in his right foot.
21. There was a 01/09/07 EMG study of the right lower extremity showing no radiculopathy or tarsal tunnel syndrome. This was performed by Dr.
22. I reviewed a report dated 01/30/07 from Dr.
23. I reviewed occupational therapy notes from Rehab, which included a Functional Capacity Evaluation on 01/30/07. Work hardening was recommended.
24. I reviewed a 01/30/07 note from Dr.
25. I reviewed notes from the Counseling Services Center on 02/02/07.
26. I reviewed a 02/06/07 note from Dr.
27. I reviewed an MRI scan of the brain on 02/12/07, which was read by Dr. There was "mild mucosal thickening involving the ethmoid sinuses and polyp of the maxillary sinuses. Polyp involving the floor of the maxillary sinuses bilaterally. Otherwise, unremarkable MRI scan of the brain."
28. I reviewed a 02/15/07 note from Dr. orthopedic surgeon. He did not advocate for surgery.
29. I reviewed a 02/22/07 note from Dr. The claimant was not felt to be at MMI by this doctor.

30. I reviewed another report from chiropractor dated 03/09/07. He was complaining of neck pain extending to the left shoulder area and low back pain, which radiates into his left leg.
31. There is an MRI report of the right wrist dated 03/13/07 read by Dr. which reads, "There is a linear band of signal within the central aspect of the triangular fibrocartilage complex, which could be a TFCC tear. A conventional or MRI arthrogram of the wrist would be required for accurate evaluation, if additional information is clinically required.
32. MRI scan of the right hand shows "mostly normal examination, which is very limited due to poor resolution and motion artifact." This was read by Dr. on 03/13/07.
33. I reviewed a report dated 04/11/07 from Dr. with diagnosis of cervical lumbar strain with sacroiliac strain.
34. I reviewed a note from Dr. a podiatrist who was involved in the treatment, dated 04/03/07.
35. I reviewed a report from Dr. dated 04/19/07.
36. I reviewed a 05/08/07 note from Dr. orthopedic hand surgeon.
37. I reviewed a note dated 06/07/07 from pain anesthesiologist Dr. He diagnosed L4/L5 and L5/S1 disc protrusion with left SI joint arthropathy, carpal tunnel syndrome of the right wrist, myofascial pain in the cervical and midthoracic regions, and right ankle sprain.
38. X-ray of the left knee on 06/14/07 was read by Dr. as showing "mild joint space narrowing of the medial compartment, mild lateral patellar subluxation, which may result in signs and symptoms of a patellar tracking abnormality."
39. I reviewed a letter dated 06/14/07 from Dr. At that time epidural steroid injection in both cervical and lumbar spines was recommended.
40. I reviewed an operative note on 06/19/07, which is a right carpal tunnel release and arthroscopy of the triangular fibrocartilage complex with debridement and right thumb injection. This was done by Dr.
41. I reviewed a 07/18/07 procedure note from Dr. which was a lumbar epidural steroid injection under fluoroscopy.
42. I reviewed a 07/26/07 note from Dr.
43. I reviewed an 08/22/07 procedure note from Dr. which was a lumbar epidural steroid injection under fluoroscopy. He reported 50% improvement preprocedure from his first injection.
44. I reviewed an arthrogram of the left knee on 08/24/07. This was done by Dr. The impression was "no discrete tear on initial images; however, further evaluation with MRI scan will be performed and reportedly separately." The post-arthrogram MRI scan on the same day read by Dr. shows "evidence of a focal radial tear versus prior partial medial meniscectomy involving the medial meniscus at the junction of the anterior horn and body. Small probable ganglion along the posterior surface of the anterior cruciate ligament."
45. I reviewed a 09/06/07 note from Dr.
46. I reviewed a note from Dr. dated 09/06/07.
47. I reviewed a 09/12/07 note from Dr. who indicated he was 50% improved from two lumbar epidural steroid injections. He recommended a third injection.

48. I reviewed a note from Dr. dated 09/24/07. Dr. recommended surgery on his left knee.
49. I reviewed a 10/09/07 operative note from Dr.. The postoperative diagnosis was “medial meniscal tear, peripheral, nondisplaced, medial femoral condyle, synovitis, mild.”
50. I reviewed a 10/15/07 letter from his chiropractor.
51. I reviewed a 11/19/07 note from his chiropractor.
52. I reviewed a 12/03/07 note from Dr.
53. I reviewed a 11/28/07 note from Dr. who stated he was going to proceed with the third lumbar epidural steroid injection. He was not yet felt to be at maximum medical improvement.
54. I reviewed a Functional Capacity Evaluation of 07/07/07.
55. I reviewed a Utilization Review by Dr.
56. I reviewed a report dated 12/14/07 from Dr..
57. I reviewed a 02/06/08 note from Dr..
58. On 02/13/08 Dr. indicated that before proceeding with a third lumbar epidural steroid injection, he was going to perform facet treatments.
ODG Guidelines were not presented.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This gentleman fell at work sustaining multiple musculoskeletal injuries. He was complaining of neck and back pain as well as having been found to have bilateral carpal tunnel syndrome and triangular fibrocartilage complex tear in the right wrist, for which he underwent surgery. He also had problems with his left knee, for which he was found to have a meniscal tear, and he underwent surgery. He is having chronic back pain. Reference is made to a radicular component, although many of the records identify a focal numbness of the right ankle, which was also reportedly injured in the accident. He underwent two epidural steroid injections by Dr. with 50% improvement reported. A third was advocated, and most recently has now been changed to a facet treatment instead of a third epidural steroid injection. He has had extensive chiropractic care and physical therapy as well as mental health care. He does have a disc protrusion at L4/L5 and L5/S1 with the potential to irritate the right S1 nerve root, which would correlate with numbness in the right foot, although typically it would also be more proximal in the thigh and calf, as well.

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

This individual has had two successful lumbar epidural steroid injections. According to the ODG Guidelines, the second injection was appropriate since he did derive 50% to 70% relief from the first injection. There is no support for a series of three injections, according to the ODG Guidelines, particularly when the injections are done with fluoroscopy, as was done in this case. The ODG Guidelines recommend no more than four blocks in a twelve-month period. Accordingly, it would be premature to do a second series of two injections, and there is no support for performing a third injection as part of the initial series of three that was recommended by Dr.

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 judgement, 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.)