

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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Notice of Independent Review Decision

**DATE OF REVIEW:** May 12, 2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

C5-6 epidural steroid injection

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Diplomate, American Board of Orthopaedic Surgery

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Medical records from the URA include:

- Official Disability Guidelines, 2007

- Health Care, 04/30/08
- Imaging Center, 10/29/07, 12/04/07
- Health, 12/06/07, 01/09/08
- M.D., 02/07/08

Medical records from the Requestor/Provider include:

- M.D., 03/12/08, 03/28/08, 03/31/08, 04/08/08, 04/10/08
- Utilization Review Referral, 03/31/08
- Workers' Compensation Services, 04/03/08, 04/17/08
- Texas Department of Insurance, 04/29/08

### **PATIENT CLINICAL HISTORY:**

The records indicate that the patient has been treated by, M.D. He indicates in his initial visit, dated xx/xx/xx, that the patient is xx years old and developed pain, stiffness, and numbness in the right shoulder and both sides of the neck on xx/xx/xx. The mechanism of injury was that the patient was lifting a refrigerator and the refrigerator began to fall. Physical therapy was recommended. Dr. reviewed an MRI of the shoulder, disclosing a partial rotator cuff tear. The MRI of the cervical spine disclosed a disc bulge at C3-4 and C4-5, with a disc protrusion at C5-6. Dr. opined that the patient had right shoulder impingement syndrome, as well as a C5-6 disc protrusion, as a result of the injury of August 3, 2007. He recommended a series of cervical epidural steroid injections, which were denied.

A review of the records from Health indicates that the patient was catching a falling refrigerator.

The electrodiagnostic studies are also reviewed, disclosing a right C8 and T1 radiculopathy. There was no evidence of C5 or C6 radiculopathy.

Finally, a review of Dr. physical examination findings disclosed stiffness in the shoulder joint and no evidence of any neurologic findings.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

It is my opinion that the denial of the epidural steroid injections was appropriate. It is my opinion that the adverse determination should be upheld. The epidural steroid injections in this case do not meet ODG Guidelines. There is no corroboration of radiculopathy on the basis of physical examination, imaging studies, and electrodiagnostic testing. This is

the primary indication for epidural steroid injections. Therefore, the decision, in my opinion, should be upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)