Southwestern Forensic Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 09/14/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Synvisc injection to the atlanto-axial joints.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, and Pain Management

REVIEW OUTCOME:
"Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

__X __Upheld (Agree)

_____Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:
I have reviewed extensive medical records on the above individual, which I will summarize below:
1. I reviewed a notice of utilization review findings dated 08/19/08. The request for the injections as denied.
2. I reviewed the employee's report of injury form, which describes his job as that of a police officer. He was riding his bike when on xx/xx/xx he was struck by a car. The original injuries were to his head, left hand, and right knee, with a head concussion, facial abrasions, left hand contusion, and right knee pain. No reference was made to the cervical spine. Diabetes and low back pain were identified as pre-existing conditions. It was also determined that a cervical sprain was allowed. X-rays of the right knee were "negative" according to Dr. on 09/04/06. Skull x-rays were likewise negative, read by the same doctor on the same day. Left elbow x-rays as well as a CT scan of the head were all "negative" as read by the same doctor on the same day. Facial bone x-rays showed no fractures.

3. A left wrist x-ray was negative on 09/15/06 as read by Dr.
4. CT scan of the brain read by Dr. on 09/21/06 showed giant cisterna magna, a congenital variance. No acute changes were noted of the brain on noncontrast study. In particular, there was no evidence of acute intracranial hemorrhage with mass effect.
5. Bone scan of the neck on 02/08/08 with SPECT imaging was read by Dr. . The impression was "slight asymmetry of uptake within the upper cervical spine (slightly greater uptake of the right facet joint at the C1/C2 level and left side of the lateral C2 level) demonstrated on SPECT images. No abnormalities are noted on the planar images, and conventional radiographs of the cervical spine reveal no apparent abnormalities. The slight asymmetry on the SPECT images is slightly of no clinical significance. Correlation with CT scan of the cervical spine or MRI scan with focus on these regions would be helpful, particularly if the patient has symptoms referable to the first and second cervical vertebral levels."
6. MRI scan of the cervical spine on 09/15/07 was "negative" according to Dr. .
7. I reviewed the discharge note of 09/04/06 from Dr. at Memorial Hospital.
8. I reviewed a 09/12/06 report by physician's assistant.
9. I reviewed a 10/02/06 note from Dr., neurologist. His impression was that he sustained a grade 3 concussion with mild postconcussive syndrome.
10. On 12/13/06 Dr. indicated he was much improved with near resolution from his headaches, but his neck pain persisted.
11. I reviewed a report dated 04/03/07 from Dr.. He diagnosed cervical strain, cervical facet/AA/AO joint dysfunction/pain, status post grade 3 concussion on 09/03/06. He placed him on a Medrol DosePak and continued Flexeril and put him in cervical traction.
12. I reviewed physical therapy notes from summer of 2007. It was recommended that he undergo upper cervical facet injections by Dr. when he saw him on 08/09/07.
13. On 09/04/07 he performed bilateral C2/C3 cervical facet joint injections and left C1/C2 cervical facet injection with Marcaine and Celestone under fluoroscopy.
14. I reviewed a followup note on 09/18/07 from Dr., which indicated he had one day's relief from the right-sided neck pain following the injection but no benefit on the left side.
15. On 03/10/08 he underwent C1/C2 occipital facet blocks bilaterally by Dr. again using Marcaine and Celestone as well as lidocaine.
16. On 04/01/08 Dr. indicated that he had 100% pain relief the day of the injections on the right-hand side and 50% on the left side. He continued to improve with up to 60% to 75% improvement at the time of that note.
17. On 05/27/08 Dr. indicated he was still doing better with some good days and bad days.
18. He was seen by Dr. on 10/03/06 and given a 5% whole person impairment rating.
19. I reviewed a 07/29/08 report from Dr.. He indicated that the injections gave the injured employee side effects and did not give him long-term relief. He proposed a series of Synvisc injections.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
This is a xx-year-old who was injured while driving his bike on the job on xx/xx/xx, resulting in a concussion and ongoing complaints with regard to his neck. He has had physical therapy as well as upper cervical facet joint injections on two occasions with

transient relief. His MRI scan was negative. His bone scan with SPECT imaging showed some abnormalities of the cervical spine, which were of questionable clinical significance. His treating physician has now proposed a trial of Synvisc injections to atlanto-axial joints.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:
Synvisc has been well documented in peer-reviewed medical literature to be of possible benefit in treating osteoarthritic knees. I have performed a medical literature search and found no reference to the use of this procedure in the cervical spine facet joints. There is no reference in the ODG Guidelines or the ACOEM Guidelines to this approach. Given the response to the injections in the upper cervical spine, it does not appear convincing that this patient's pain generator is indeed the cervical facet. Please recall the MRI scan was normal of the cervical spine. I am unable to find any peer-reviewed medical literature or evidence-based medicine literature that would support Synvisc injections in the cervical spine. Therefore, I do not have any support to proceed in that direction.

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.)

__X__ 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.)