



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 09/13/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical epidural steroid injections

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spine problems

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. memos and forms
2. referral forms
3. Denial letters, 06/04/09, 07/06/09, 04/12/05, 07/24/09
4. Peer Review document, 05/26/09
5. Carrier records
6. , P.C. letter 09/02/09
7. Evaluations, , M.D., 21 entries between 09/20/00 and 04/23/09
8. Physical therapy prescriptions, 11/02/00, 12/05/00, 01/11/01
9. Physical therapy evaluation, 11/20/00
10. Functional Capacity Evaluation and Impairment Rating, 05/08/01 and 05/16/01
11. Report of medical evaluations, 05/08/01 and 03/26/09
12. , M.D. evaluation, 12/05/02
13. evaluation, 01/16/03
14. EMG/nerve conduction study, 03/29/03

15. , M.D., neurosurgery evaluation, 06/25/03
16. Peer Reviews, 03/12/07, 05/26/09, and 06/04/09
17. MRI scan of cervical spine, 04/08/09
18. MRI scan screening history and physical, 04/08/09
19. Coding documentation, 04/16/09
20. New patient information, 05/25/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a female who suffered a lifting/straining type injury on xx/xx/xx while unpacking power lawnmowers. She suffered complaints of discomfort in her shoulder, lumbar spine, and cervical spine. Subsequently in October 2000, an EMG was performed, revealing moderate carpal tunnel syndrome with no evidence of cervical root radiculopathy. Her initial treatments were principally related to her shoulder impingement syndrome. In November 2000 the patient was continued in physical therapy for her shoulder and cervical spine symptoms and was taking Celebrex as a nonsteroidal anti-inflammatory medication. The Celebrex was continued for a number of years with periodic evaluations as necessary for continued medical prescription. In May 2001 the patient underwent a Functional Capacity Evaluation and impairment rating. She was felt to be capable of sedentary light physical demand work with a 27% whole person impairment rating. She was thought to be suffering cervical radiculopathy and was recommended carpal tunnel release and possible cervical surgery. She was adamant that she did not want any cervical surgery. An EMG/nerve conduction study performed on 03/19/03 suggested radiculopathy at C6/C7 on the right. She continued to suffer intermittent discomfort and headaches; however, she was adamant that she did not want to undergo any cervical surgery. Her symptoms were episodic. She continued on Celebrex. Cervical epidural steroid injections were recommended in April 2009. She has undergone four independent reviews for consideration for approval for epidural steroid injections. All have found the epidural steroid injections not medically necessary and unsupported by current proof of radiculopathy. Independent Review has been requested.

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

This patient has a long history of episodic-like cervical pain. Although an EMG/nerve conduction study performed in 2003 suggested C6 and C7 radiculopathies on the right side, there is no current physical examination or electrodiagnostic study to suggest radiculopathy. The ODG 2009 Cervical Spine Chapter epidural steroid passage requires the presence of radiculopathy for authorization to perform epidural steroid injections. Such evidence of radiculopathy is not currently present.

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, 2008, Cervical Spine Chapter, Discography passage.
- 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.)