



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 07/23/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Epidural steroid injections, cervical, series of three

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. SWF forms
2. TDI referral forms
3. letters of denial, 06/20/11, 06/30/11, 05/02/11
4. Request medical record release, 06/27/11
5. Carrier records
6. Prescription notes, 06/08/11 and 04/20/11, for cervical epidural blocks, Dr.
7. MRI scan, cervical spine, C4/C5 spondylosis anteriorly with degenerative disc disease
8. Clinical note, M.D., 06/08/11
9. Independent Medical Examination, M.D., 05/19/11
10. Fax cover, 06/04/11
11. Appeal fax cover, 06/23/11
12. Progress notes, 06/20/11, 05/02/11, 06/09/11, 06/17/11, 06/23/11
13. Instructions to request IRO review, requestor records, request for medical records, 07/06/11

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a male who suffered injuries in a motor vehicle accident occurring on xx/xx/xx. The patient was the driver of an automobile that was struck in “T-bone” fashion. Air bags deployed. He suffered symptoms of cervical and lumbar strain. Lumbar symptoms resolved with the passage of time. He has suffered persistent cervical spine pain with some radiation into the intrascapular region. MRI scan performed on 05/04/10 revealed anterior osteophytes at the level of C4/C5 with mild changes of degenerative disc disease at C4/C5. An Independent Medical Examination was performed on 05/19/11 documenting the patient’s history and physical examination as of that date. A series of epidural steroid injections was recommended. The preauthorization request was initially denied. Reconsideration was performed, and it was denied.

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

There is a lack of clinical information to support the diagnosis of cervical radiculopathy. There are no objective physical findings of neurological deficit. The examinee’s principle complaint is one of pain. A series of three epidural steroid injections cannot be justified as medically necessary at this time. The prior denials were appropriate and should be upheld.

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
- 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.)