

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
7502 GREENVILLE AVENUE
SUITE 600
DALLAS, TEXAS 75231
(214) 750-6110
FAX (214) 750-5825

February 16, 2007

Re: Medical Dispute Resolution
MDR# M2-07-0720-01
DWC#
Injured Employee: _____
DOI: _____
SS#: _____
IRO Certificate #: IRO5313
Name of Requestor: _____
Name of Provider: Rowena Archibald, M.D.
Reviewed by: American Board of Internal Medicine, American College of
Occupational and Environmental Medicine

TRANSMITTED VIA FAX TO:

Medical Dispute Resolution
TDI-Division of Workers' Compensation
FAX: 512-804-4868

Dear Ms. ____:

In accordance with the requirements for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Southwest Medical Examination Services, Inc. (SMES) for an independent review. In performing this review, SMES reviewed relevant medical records, any documents provided by the parties referenced above, and documentation and written information submitted in support of the dispute.

I am an officer of Southwest Medical Examination Services, Inc., and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is certified in the area of internal medicine, occupational and environmental medicine, and is currently listed on the DWC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

Medical records from Claude Ovila, M.D., include:

- Lubbock Diagnostic Radiology, 10/31/06
- C. Michel Oliva, M.D., 11/17/06, 01/23/07
- Rowena Archibald, M.D., 12/21/06

Medical records from the Requestor include:

- C. Michel Oliva, M.D., 11/17/06, 01/23/07
- Rowena Archibald, M.D., 12/21/06

Medical records from the Respondent:

- Employer's First Report of Injury or Illness, 12/13/05
- Richard Chengson, M.D., 02/09/05, 01/11/06, 02/01/06, 02/09/06, 04/28/06, 12/13/06
- Rowena Archibald, M.D., 12/13/05, 12/20/05, 01/04/06, 01/09/06, 05/12/06, 05/15/06, 06/05/06, 06/06/06, 07/10/06, 07/23/06, 08/18/06, 09/12/06, 09/19/06, 09/21/06, 09/23/06, 10/06/06, 10/11/06, 11/02/06, 11/10/06, 12/13/06, 12/21/06
- Physical Therapy Associates, 12/14/05, 12/16/05, 12/20/05, 12/27/05, 12/29/05, 12/30/05, 01/03/06, 01/04/06, 01/09/06, 01/11/06
- Lubbock Radiology, 04/26/06
- Douglas A. Lampkin, M.D., 07/18/06
- Charles N. Salesman, M.D., 08/01/06
- Ajay J. Mohabeer, M.D., 10/17/06
- Vansanti Pancholy, M.D., 10/20/06, 10/21/06
- Gerald Hill, M.D., 10/30/06
- Scott Porter, M.D., 10/31/06
- C. Michel Oliva, M.D., 11/17/06
- UniMed Direct, 11/27/06, 12/13/06
- Stonebridge Alliance, 12/14/06
- Claims Management, Inc., 01/23/07

Clinical History:

This is a 44-year-old Hispanic female who complained of shoulder and back pain, particularly in the left trapezius and levator area. She indicated that while pulling on a heavy pallet on ____, she

felt a sudden onset of pain in her left shoulder. She denied any paresthesias or unusual weakness. Her symptoms had been present for a week before she was evaluated on December 13, 2005, by Rowena Archibald, M.D.

The patient went on to have an MRI scan of the cervical spine, which revealed mild disc bulges C3 through C6, congenitally small canal, and minimal neuroforaminal narrowing. An MRI of the thoracic spine was unremarkable.

The patient has had persistent chronic pain. It has been suggested that she undergo cervical epidural steroid injections.

An evaluation by Dr. Archibald on December 21, 2006 indicated that the patient was mild to moderately tender to palpation over the lower cervical and upper thoracic midline. There was mild tenderness to palpation over the left trapezius and levator. There was no other tenderness to palpation over the neck, upper thoracic, or paraspinal structures. Neck range of motion was noted to be mildly decreased. The patient had tenderness over the insertion of the rotator cuff, and generalized tenderness throughout the left shoulder girdle. There was no evidence of sensory deficit by dermatomal screening. Bilateral radial pulses and capillary refill were normal. The impression was cervical disc bulge, left shoulder strain, and thoracic spine strain.

Disputed Services:

Cervical epidural steroid injections C3 – C5.

Decision:

I disagree with the proposed cervical epidural steroid injections C3 through C5.

Rationale:

Review of the medical literature including ACOEM Practice Guidelines and Cochran Collaborative Reviews of the use of cervical epidural steroid injections in cervical spinal disease reveal that there is insufficient evidence for the use of cervical epidural steroid injections in the treatment of patients with cervical spine with defined radiculopathy. The ACOEM Practice Guidelines indicates that there is uncertain benefit with regard to cervical epidural steroid injections in the management of chronic cervical pain and should only be reserved for those who would undergo open surgical procedure for nerve root compromise. This patient has no objectively verifiable evidence of any nerve root compromise. She has multilevel disc bulges without evidence of nerve root compromise. There are no studies that support the use of cervical epidural steroid injections in diffuse cervical pain and particularly cervical myofascial pain, which appears to be the prominent findings as noted by Dr. Archibald in her last evaluation.

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This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with Southwest Medical Examination Services, Inc. is deemed to be a Division decision and order.

YOUR RIGHT TO REQUEST A HEARING

If you are unhappy with this decision, you may seek judicial review of the decision. (Texas Labor Code, 413.031k) To seek such an appeal, a petition for judicial review must be filed with the Travis County District Clerk's Office in Austin, Texas not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. (Subchapter G, Chapter 2001, of the Texas Government Code) Neither the Department of Insurance nor the Division of Workers' Compensation is considered a party to the medical dispute in a judicial review. You may wish to consult with an attorney of your choice to assist you in filing an appeal. The Division of Workers' Compensation cannot assist or provide legal advice to you in this matter."

In accordance with Division Rule 102.4(b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor and claimant via facsimile or US Postal Service from the office of the IRO on this 16th day of February 2007.

Sincerely,

John Turner
Southwest Medical Examination Services, Inc.