



REVIEWER'S REPORT

DATE OF REVIEW: 02/17/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CT scan, lumbar spine.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Orthopaedic Surgeon with experience in the evaluation and treatment of injured employees suffering chronic lumbosacral pain.

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:

The office records of the treating doctor.

Records submitted by the carrier

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This female suffered a lumbosacral spine injury lifting a heavy object on . She is post two separate surgical procedures. The first surgery was on September 6, 2001 being a lumbar surgery with bilateral L4 decompression, lumbar-interbody fusion with posterior instrumentation at L4/L5, and hemilaminectomy at L5/S1 The second surgery was on August 23, 2002 being a disc excision L5/S1 and extended fusion L5/S1. The patient has complained of worsening symptomatology, essentially pain.

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

There are no objective physical findings which would suggest that there is any material change in the anatomy resulting in any compressive neuropathy or arthritic spondylosis. Without objective physical findings, further imaging studies would be unwarranted. Furthermore, medical record review performed May 20, 2006 suggested that this patient

is not a surgical candidate at this time. Without a change in that opinion, further special imaging studies would only likely increase the risk of false-positive studies leading to unnecessary consideration for surgical intervention.

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 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)