



REVIEWER'S REPORT

DATE OF REVIEW: 08/07/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Post myelogram CT scan

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):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. I have reviewed an MRI scan of the lumbar spine dated xx/xx/xx from Dr.. Impression is “acute compression fracture involving L2 vertebral body. There is no evidence of displacement of the fracture fragment. Central and left side disc protrusion at L4/L5 level. Central and left-sided disc herniation at L5/S1 level as seen on 12/29/___ series #9. Lateral recess and foraminal stenosis on the left side at L5/S1 level due to disc herniation. Lateral recess stenosis on the left side at L4/L5 level due to disc protrusion.”
2. I reviewed an impairment rating report of 06/07/06 from Dr., chiropractor, who found him to have a 10% whole person impairment rating.
3. There was an EMG study report of 10/04/06. Complete report is not available.
4. I reviewed a 10/04/06 report from Dr.
5. I reviewed a 10/24/06 report from Dr.. He diagnosed a fracture of L2 vertebral body and cervical strain.
6. I reviewed a report from Dr., family doctor, dated 11/20/06, where he was diagnosed with a cervical lumbar strain.

7. I reviewed notes from Spine Center, Dr.. He was going to have a discography performed.
8. I reviewed a report from Dr., orthopedic surgeon, dated 06/25/07. He had symptom magnification, and an FCE was ordered.
9. I reviewed 12/26/07 note from Dr..
10. I reviewed a 01/29/08 report from Dr.. Diagnosis remained fracture of L2 vertebral body and cervical strain. Discussion was made with regard to a fusion at the L4/L5 and L5/S1 levels with posterior decompression by Dr..
11. I reviewed a report from Dr. dated 05/16/08.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is a xx-year-old male who sustained an L2 compression fracture on xx/xx/xx at work. He went on to have various therapeutic interventions including physical therapy and epidural steroid injections. He has had abnormal MRI scans as detailed above. Discussion was had with the respect of a possibility of a 360-degree fusion. There has been a request for a CT myelogram.

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

This individual has had an MRI scan, which has adequately defined his anatomy and likely the pathology for which he is having symptoms. In light of the presence of an abnormal MRI scan, there does not appear to be clear indication for additional neural imaging tests such as myelogram and post myelogram CT scan.

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.)

