



## REVIEWER'S REPORT

**DATE OF REVIEW:** 12/20/2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:**

Office visit with Dr. and lumbar spine x-rays and x-rays of the pelvis.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the patient suffering chronic low back 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:**

1. referral to
2. denials, 10/17 to 10/30/08
3. summary, December 9, 2008
4. , , DO, November 21, 2004
5. , MD, office notes, December 10, 2004 to October 14, 2008
6. , MD, office notes, February 25, 2005 to July 11, 2008
7. Review Specialists, ., Peer Review, October 4, 2005
8. , ER visit with X-Rays, February 19, 2007
9. , MD, office notes, July 18, 2007
10. , MD, peer review, December 17, 2007

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This unfortunate xx-year-old female suffered a lumbar spine injury on xx/xx/xx. Under the care of Dr. , she underwent a number of surgical procedures including lumbar fusion.

She has been treated extensively for chronic low back pain and lower extremity radiating pain. Currently she is under the care of Dr. as a consultant in pain management. Her request to be re-evaluated by Dr. and to have x-rays obtained of her lumbar spine and pelvis has been denied, reconsidered, and denied.

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

This patient has a classic syndrome of failed lumbar spine surgery. These procedures were performed by Dr. a number of years ago. She has had no progression of neurologic changes. She currently is under the care of , M.D., as a consultant in pain management. He has been managing her medications for some time. It does not appear at this time that the patient is a candidate for any surgical procedures that might require Dr. 's attention. Her principal problem is chronic low back pain as a failure of spine surgery. Her medical care should be coordinated with a single provider, and that provider appears best to be , M.D. Should she develop any changes in neurological function, she should be re-evaluated by Dr. . It would not be unreasonable, however, for Dr. to see this patient on an annual basis, as he performed the spinal surgery in the past. The current request, however, should not be approved.

This patient suffers chronic low back pain as a failed lumbar pain syndrome. Her care should be coordinated with a single individual, and that individual would best be , M.D.

**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; the ODG is silent on the specific followup visits
- 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.)