Southwestern Forensic Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 06/04/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Physical therapy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
D.O., Board Certified in 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):

___X__Upheld (Agree)

_____Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:
1. I reviewed a 01/29/08 report authored by Dr.. Date of injury was listed as xx/xx/xx. His problem appears to be involving the lumbar spine where he apparently strained his back while lifting at work. He has had low back and left leg pain. He has had prior lumbar surgery at multiple levels, which was believed to have been a fusion. This resulted from a pedestrian versus motor vehicle accident when he was nineteen years old. The knee injury apparently showed a chronic S1 radiculopathy on the left side. He is taking Lyrica, codeine, and Ambien. He is receiving medications as well as trigger point injections, on one occasion providing him profound relief for four days. He reportedly has undergone CT scan, MRI scan, EMG studies, and x-rays, all within the last year. On examination he had an incision running from C6 to L4, weak muscles in the left leg, with normal reflexes but decreased sensation in the left L5/S1 dermatomes.
2. X-ray report dated 02/21/08 of the thoracic spine showed no obvious thoracic spine abnormalities. This was signed by Dr..
3. X-ray report of the lumbar spine on 03/21/08 showed "moderate degenerative changes of the lumbar spine most pronounced at the intervertebral disc spaces and posterior

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elements of L3 through S1, no obvious acute fracture or dislocation, limited flexion with adequate extension." These imaging studies do not define the nature of his prior surgery, which clearly indicates there was not a fusion.

4. There was an MRI scan of 02/21/08, which reads, "Degenerative changes as described above including severely degenerated disc height at T12/L1 and moderately decreased disc height at L1/L2 as well as posterior fusion from the level of L3 superiorly to at least the level of T12. There is mild/moderate multilevel narrowing of the spinal canal/thecal sac related to disc bulge and with degenerative changes and epidural fibrosis. There is also multilevel narrowing in the neural foramen with impingement upon the exiting nerve roots as described above. There is left lateral CSF encroaching from the thecal sac at the level of L1 containing nerve roots, extending laterally and measuring 2.2 cm with resultant mild remodeling of the adjacent bone." It is interesting that this does identify the fusion, whereas x-rays did not.

5. I reviewed a 02/25/08 report from Dr.. He recommended an epidural steroid injection, which was carried out on 03/14/08 by Dr..

6. A 03/28/08 report from Dr. indicated that he had increased pain two days after the lumbar epidural steroid injection. The left leg symptoms were gone, and the sharp pain was improved. He could now sit up longer in the deli. He stated that the deli makes him miserable, however. He did not wish to have any trigger point injections when he was seen on 03/28/08.

7. On 04/08/08 he was seen and refused a urine specimen. He was refused pain medications at that point because of the refusal to provide a urine test.

8. I reviewed a 03/30/08 note from physical therapist .

9. I reviewed a report from dated 05/02/08.

10. I reviewed a 05/08/08 review from Dr..

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a xx-year-old male with a strain diagnosis occurring on xx/xx/xx while at work. His past medical history is significant for a rather extensive prior thoracolumbar spine fusion years ago. He has undergone epidural steroid injections with some benefit. He has significant degenerative changes of his thoracolumbar spine on MRI scan imaging with a fusion from T12 to L3. He has also developed epidural fibrosis with an abnormality at the L1 level with encroaching or cerebral spinal fluid containing L1 nerve roots. It appears as though this gentleman in the past has undergone physical therapy, and more therapy is now being recommended. It appears though in the past this gentleman has undergone physical therapy, and more therapy is now being recommended. It is unclear how much he has had before and what the outcome was. I would expect he had therapy after his fusion, but the amount of therapy after the low back strain is unknown. It appears as though he has a chronic S1 radiculopathy, which may correlate with the severity of the L5/S1 disc disease identified on the MRI scan, which appears to impinge on the exiting nerve roots. These all appear to be chronic changes.

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

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At this point in time, it appears as though this gentleman is in not need of a physical therapy-based program. He should be well versed in a home exercise program by way of his prior surgery. He was noncompliant with his medications and with his willingness to participate in a urine drug screen. This raises the question of his authenticity and is problematic when trying to establish a treatment program. I do not believe that physical therapy is indicated.

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.)

__X__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.
__X__ Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
_____Mercy Center Consensus Conference Guidelines.
_____Milliman Care Guidelines.
__X__ 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.)

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