



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 06/30/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Orthopedic office visit and lumbar spine x-rays.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified in family practice

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)

Medical necessity exists for the office visits and the x-rays for evaluation of the patient's problem. The ODG's do not have a category that appropriately covers this issue.

INFORMATION PROVIDED FOR REVIEW:

1. Texas Department of Insurance request for review by the independent review organization and associated paperwork from that.
2. Office records of M.D.
3. EMG study results
4. Operative results
5. Information from Hospital, multiple dates

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This patient is a female with a back injury at work on xx/xx/xx. In September 2001 she had a fusion in the L4/L5 area. In January 2003, she had hardware removed. She has developed post laminectomy syndrome and has chronic low back pain.

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

Patients who have had spinal fusion and laminectomies are prone to have recurrent symptoms over the years. Her post laminectomy syndrome makes her likely to have intermittent problems, some related to her prior injury and some related to surgery and perhaps some related to other issues from use of accessory muscles to make up for the area of injury in her back. It is not unusual for patient's in a situation such as this patient to require intermittent re-evaluation. Office visits with a physician are important to determine if the pain and symptoms the patient is having are related to the surgery and/or new or other findings and/or new or other problems in the back region. An office visit with a physician is a small procedure and service that is easily administered without risk of complications or significant expense. Likewise, plain x-rays of the lumbar spine are common, relatively inexpensive, and appropriate to the situation. A prior reviewer had noticed that there is no basis for this office visit or x-rays because a history of "solid fusion." Also, it was deemed that these services were not necessary because there were no neurological deficits. Neither a history of a solid fusion or no neurological deficits can be used as justification that further doctor visits and x-rays are needed. Even though his fusion is solid and no neurologic deficit exists, pain may occur, and problems may happen in muscles, joints, ligaments, tendons, and associated soft tissues in the lumbar spine area. These require a differential diagnosis, which is available only by doctor evaluation and examination along with x-rays. This evaluation will determine the proper diagnosis and/or diagnoses and therefore allow the physician to choose the appropriate treatment. There is no one treatment or one diagnosis based on a prior solid fusion with no neurological deficits. Therefore, the office visits and the x-rays are necessary to make the correct diagnosis and come up with the correct treatment of various options that are available.

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.)