



REVIEWER'S REPORT

DATE OF REVIEW: 11/03/04

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

MRI scan of the lumbosacral spine, muscle testing, EMG/nerve conduction study.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the spine-injured patient

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. ZRC forms
2. TDI forms
3. Denial letters, 08/29/08 and 09/29/08
4. Referral letter, 10/17/08
5. memos
6. Preauthorization request, 08/25/08 and 08/22/08
7. Clinical notes, eleven entries between 06/03/06 and 09/22/08
8. Employer's First Report of Injury
9. TWCC Form 73, 10/26/06, 08/30/06, 08/14/06, 09/10/08
10. Physical therapy evaluations, 09/01/06, 08/29/06, 08/31/06, and 08/07/06
11. Health insurance claim form, 09/08/06
12. 08/03/06
13. EMG, 06/03/06
14. Hand trauma clinical notes for date of injury xx/xx/xx, clinical notes dated 04/18/06 and 05/18/06

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate male was involved in a motor vehicle accident. He was an occupant in an automobile struck on the right side. He has complained of low back pain and left leg pain over several months. He has been treated essentially with a physical therapy program, medication, and periodic epidural steroid injections. His symptoms are periodically alleviated and then periodically recur.

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

There are no physical findings suggestive of compressive nerve root neuropathy. There are no objective physical findings and no physical findings have changed over the course of this patient's treatment. The principle symptom is pain, and he obtains relief with epidural steroid injections on a periodic basis. There does not appear to be any justification for a repeat EMG/nerve conduction study or MRI scan of the lumbar spine or muscle testing.

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, Low Back Chapter, passages related to imaging and nerve conduction testing
- 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.)