



REVIEWER'S REPORT

DATE OF REVIEW: 08/11/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Office visit with neurosurgery specialist

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering chronic neck 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. ZRC forms
2. TDI referral
3. Fax cover sheet
4. PBMM review notes, 02/13/09 and 03/16/09
5. Requestor records
6. Fax transmission, medical record request, 07/28/09
7. Invoice, 07/28/09
8. URA records
9. Fax cover sheets 04/30/09, 03/09/09, 02/10/09
10. M.D. clinic notes, 10/28/08 and 11/25/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

There is minimal clinical history available. The patient is a xx-year-old female with a slip-and-fall injury dated xx/xx/xx.. There is a record of a cervical fusion. The level of

the fusion is not given, and the date of the fusion is not given. The two clinical records dated 10/28/08 and 11/25/08 provide only that the patient suffers chronic cervical pain. There are no radicular physical findings evident.

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

A request has been made for an office visit with a neurosurgery specialist. The last clinical record is 11/25/08. There are no documented physical findings. There are little cervical symptoms or physical findings documented. There is no documentation to suggest that a current evaluation by a neurosurgery specialist is warranted. This request has been considered and denied in February 2009 and was reconsidered in March 2009 and also denied. It would appear that the denials were appropriate and should be upheld.

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.)