



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 08/21/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior cervical discectomy and fusion, C3/C4 and C6/C7.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spinal cord injury and disease processes

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:

There are 335 pages of medical information provided for the review. Included in the 335 pages are a number of pages of information unrelated to the specific patient. There is a report of a lumbar and cervical myelogram, which is not indicated for this specific patient as well as a medical record related to a totally different individual. The myelogram report is one of the appropriate patient, and there are other inappropriate records belonging to a different patient. The appropriate medical records include the following.

1. Southwestern Forensic Associate forms
2. TDI referral forms including letter dated 08/05/09
3. Denial letters, 07/07/09 and 07/28/09
4. Carrier records including records dated 06/23/09, 03/12/09, 07/28/09
5. Initial evaluation, 12/08/08
6. EMG/nerve conduction study, 06/16/09
7. Neurology consultation, 05/13/09
8. Medical records, M.D., 10/08/08, 11/23/08, 11/03/08, 09/30/08, 09/25/08, 06/24/09
9. MRI scan, cervical spine, 06/03/09

10. MRI scan of lumbar spine, left hip, 10/14/08
11. Family Medicine Associates clinical notes, seven records between 10/08 and 05/09
12. Multiple TWCC Work Status reports
13. MRI scan of left knee, 11/03/08
14. MRI scan orders, 10/14/08
15. Fax cover sheet, 03/03/09
16. CT scan of pelvis and left hip, 09/26/08
17. evaluation, 06/11/09
18. Physical therapy notes, seven records between 09/30/08 and 11/18/08
19. letter, 03/20/09
20. Lumbar myelogram, 03/06/09
21. Letter, 05/28/09
22. Designated Doctor Evaluation appointment notice
23. Fax cover, 07/01/09
24. M.D., evaluation 08/05/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a female who was injured when she fell from the cab of her trailer truck while attempting to dismount the truck. She suffered lumbar, left hip, and left knee injuries, which were extensively evaluated and treated. Subsequently she developed cervical pain with some upper extremity complaints. Her physical findings were limited. The bulk of her medical records indicate evaluation and treatment of her lumbar and lower extremity pain. The principle diagnoses have been contusions, sprains and strains. She does suffer degenerative disc disease at multiple levels in the cervical spine.

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

In spite of the bulk of the medical records, there is inadequate evaluation of the cervical spine complaints. Physical findings are limited. I could not find a cervical myelogram. The MRI scan of the cervical spine revealed foraminal narrowing with posterior protrusions at multiple cervical levels. The neural foramina did not appear to be compromised. This patient has been evaluated for a number of clinical complaints. The primary medical evaluations in the period directly after the injuries suffered in a fall from her truck cab include being evaluated for lumbar spine and lower extremity pain. Subsequently she developed cervical complaints and upper extremity complaints. There are limited physical findings documented to suggest cervical radiculopathy. Pertinent medical records are not present including a presumed cervical myelogram. The medical records are insufficient to suggest that a multiple level anterior cervical disc infusion would be effective in alleviating her discomfort.

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, 2008, Cervical Spine Chapter, Discography passage.
- 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.)