



Southwestern Forensic
Associates, Inc.

January 29, 2010

Amendment 1: February 5, 2010

Amendment 2: February 9, 2010

REVIEWER'S REPORT

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Voiding pressure studies (vp); bladder voiding pressure, any technique

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Family Practice physician, board certified by the American Board of Family Practice, in the private practice of Family Medicine

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)

It is my opinion that there is medical necessity for each of the healthcare services in dispute.

INFORMATION PROVIDED FOR REVIEW:

1. Texas Department of Insurance paperwork
2. IRO Review work
3. Office notes, Clinic, 2/5/09
4. Lab report, 2/5/09
5. Correspondence 6/8//09 – 1/7/10
6. Impairment rating, Medicine and Rehabilitation Associates, 9/22/08
7. Office notes, 10/27/09
8. Impairment rating, MD, 12/7/09
9. Designated Doctor report, MD., P.A., 12/7/09
10. URA findings, 10/5/09-1/6/10
11. Correspondence from the office

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This patient has a history of sustaining a back injury while working and had ruptured L3, L4, L5, and S1. The patient had subsequent surgery in February 2007 and subsequently developed problems with urinary frequency, urgency, four and five times nocturia, and some occasional urinary and fecal incontinence. There is also erectile dysfunction and frequent stools up to four and five times a day as well as an inability to reach an orgasm. All of these symptoms occurred after his injury and surgery.

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

From review of the medical information, it is clear that this patient has significant symptoms consistent with injury to the cauda equina nerves. Although he does not have the cauda equina syndrome, which is a surgical emergency, he does have a lesion involved in the cauda equina area with similar symptoms. His absence of the bulbocavernosus reflex as well as documented decreased sensation in the perineum and also the symptoms of urinary and fecal incontinence, erectile dysfunction, inorgasmia, and other symptoms listed above, all indicate injury requiring further evaluation. The testing that is required will help the treating physicians decide on the level of injury to the spinal nerves as well as the degree of injury since they help plan future surgical and/or epidural steroid interventions. This testing will allow a greater degree of knowledge to ascertain the relationship between the injury and the patient's present symptoms.

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.)