



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 01/05/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat MRI scan, lumbar, with and without contrast

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spine problems

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. SWF forms
2. TDI referral forms
3. Multiple fax cover sheets
4. Denial letters, 11/24/09 and 12/11/09
5. Post myelogram CT scan, 06/27/02
6. Lumbosacral spine x-rays, 06/27/02
7. MRI scan of thoracic spine, 03/14/02
8. Operative report, 09/22/04
9. Diagnosis L2/L3 stenosis and anterior lumbar fusion
10. Operative report, anterior exposure, lumbar, 10/22/04
11. Medical records request
12. Operative report, 07/14/04
13. Gil procedure, L2, and decompression L3
14. Operative report, 07/21/04, second stage anterior fusion, L3/L4, L4/L5, and L5/S1
15. Operative report, 05/06/07, hardware removal and exploration

16. Clinical records, 11/11/09, 07/27/09, 06/04/09, 02/09/09, 12/01/08, 11/17/08, 10/20/08, and 05/04/09
17. Medics Technology Prescription MRI scan, 11/19/09
18. Test form, LS spine x-rays, 11/11/09
19. Patient profile forms
20. Center for Pain Recovery request for scheduling MRI scan, 11/17/09
21. Appeal request, 12/08/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a female who was injured in a single motor vehicle accident on xx/xx/xx when the truck she was driving was blown off the road. She has had multiple surgical procedures as itemized above. She persists in lumbar pain and left leg pain after four surgical procedures. It would appear that this patient suffers failed back syndrome. A request for repeat MRI scan with and without contrast has been submitted and denied, reconsidered and denied.

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

There is no documentation of radiculopathy other than the complaint of pain in the low back and left leg. The patient suffers a failed back syndrome. It does not appear that neurological findings are evolving. MRI scan with and without contrast would be appropriate only under circumstances where neurological findings were changing.

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.
- _____ X Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
- _____ Mercy Center Consensus Conference Guidelines.
- _____ Milliman Care Guidelines.
- _____ X 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.)