



Southwestern Forensic
Associates, Inc.

February 18, 2010

REVIEWER'S REPORT

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Office visit of 10/02/09

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Family Practice physician in private practice since 1984, board certified by the American Board of Family Practice.

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 medical necessity does exist for the office visit of 10/02/09 and that the symptoms evaluated and treated at that time were related to this patient's previous injury.

INFORMATION PROVIDED FOR REVIEW:

1. Notices to Southwest Forensics with explanation of review
2. Chronic Pain Management, P.A. office notes, 9/4/09-10/2/09
3. Health insurance claim forms
4. Clinical record review with addendum from, M.D.
5. Workers' Compensation paperwork
6. TDI forms
7. Denial letters and request for reconsideration

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This patient sustained a seventeen-foot fall on xx/xx/xx. He had multiple lumbar spine transverse process fractures and an L5/S1 herniated nucleus pulposus. He underwent surgery, physical therapy, medications, and had a lumbar fusion. He was later diagnosed with a failed back syndrome with persistent symptoms. He continues to have pain up to the present day rated 7 on a 10 point scale. He does show significant changes on x-ray and examination, according to the records that were reviewed.

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

This patient had a significant injury involving fractures of the transverse processes and injury to the discs of his lumbar spine. He has had continued pain since that time and was diagnosed with a failed back syndrome. Patients with failed back syndromes tend to have persistent and recurrent symptoms related to their original injury. The patient has had multiple treatment modalities. It is completely understandable and acceptable that the patient would be seen by his physician on 10/02/09 to evaluate his status, even though it has not been a year since he was last evaluated. Patients with failed back syndrome have persistent and recurrent problems. This evaluation would allow an assessment of the patient's progress and plans for the future to prevent his disability from worsening and his pain from increasing or persisting. The small cost and potential costs associated with this visit are minor compared to the benefit that can be obtained. In any event, it is important that the patient's symptoms be evaluated due to his extensive injuries and his failed back syndrome, as is the case with this patient.

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.)