



Southwestern Forensic
Associates, Inc.

Amended November 17, 2010

REVIEWER'S REPORT

DATE OF REVIEW: 11/10/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar selective nerve root injection on the left at S1

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

_____ Upheld (Agree)

 X Overturned (Disagree)

_____ Partially Overturned (Agree in part/Disagree in part)

Medical necessity has been demonstrated for the requested procedure.

INFORMATION PROVIDED FOR REVIEW:

1. TDI Referral
2. URA findings, 10/7 to 10/18/2010
3. Back Institute, office notes, 7/13/10 to 10/1/10
4. Center for Diagnosis and Surgery, MRI/Lumbar, 7/23/10
5. office/treatment notes, 7/7/10 to 9/30/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual sustained a back injury on xx/xx/xx. An MRI scan shows left S1 impingement. There has been a previous lumbar laminectomy at L4/L5 and L5/S1 on the

right side. The injured worker has pain in the left leg, and the EMG is positive for left S1 radiculopathy. Physical therapy has been provided.

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

ODG criteria have been met. Previous reviewers have stated that there was no documentation of failure of conservative care. The records reviewed include extensive physical therapy notes. Therefore, criterion two of ODG has been met. It is reasonable to perform the requested procedure.

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.)