

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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Notice of Independent Review Decision

**DATE OF REVIEW:** July 20, 2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

One CT Scan of the Lumbar Spine between 06-24-11 and 08-23-11. CPT Code: 72131

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

AMERICAN BOARD OF ORTHOPAEDIC SURGEONS

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

## **PATIENT CLINICAL HISTORY:**

I have reviewed the records provided to me in reference to the patient. The patient is x years post injury to his lumbar spine and has had multiple spine operations. His clinical history is well documented in a recent review performed on June 8, 2011. The treating physician at this time had requested a repeat MRI of the patient's lumbar spine. The patient presently has a stable neurological examination. He is, however, in that category of failed back syndrome, and since the time of his injury he has gone from an actively employed individual to a gentleman x years older that requires assistance to walk.

On a plain x-ray it was noted that there was lucency around one of the pedicle screws in the right L5-S1 area. On the physician's office note there appears to be no evidence of instability, and he thinks that the fusion is stable. I am not clear what his reason is for requesting the CT. The physician was trying to determine whether the patient was fully fused or had a pseudoarthrosis.

## **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

At this point in time there is no evidence of any instability, and with a solid fusion which radiographic reports state the patient has and no clinical evidence of instability, I do not see any necessity for any further surgery, and with that being said, nor is a CT or a pre-cert. Overall the patient is in the failed spine surgery classification, and has demonstrated no significant change in his clinical picture, especially his neurological status. He has no evidence of sepsis, and only minimal microscopic evidence that there may be some loosening of his hardware. I see absolutely no way that he could benefit by any further surgery in reference to the fusion. If the doctor wants to consider moving the patient's hardware because of the associated symptoms he may have, i.e. the cathode phenomena because of reaction to damage or dissimilar metal hardware that may be something to consider. However, he does not mention that, and again my final decision is that there is no reason that the CT should be ordered in that I cannot envision a circumstance where the CT could provide indications for surgery.

If I can be of further assistance, please let me know.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- 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 JUDGEMENT, 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)