



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 03/22/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar CT scan without contrast

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)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Medical necessity has not been demonstrated for the lumbar CT scan without contrast.

INFORMATION PROVIDED FOR REVIEW:

1. TDI referral
2. Imaging, pre-authorization request, 2/23/11
3. Pain Care, office notes, 9/13/10 to 2/10/11
4. MD, RME, 12/14/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This female was injured on xx/xx/xx. Low back pain persists. The injured employee had undergone a previous lumbar laminectomy and a lumbar fusion in 1987. On 07/15/08 a spinal cord stimulator was placed, and on 06/16/10 the stimulator was revised. The provider states that the pain is worse recently. Physical therapy was ordered but stopped due to worsening pain. Medications include Norco and Cymbalta. There is no documentation of progressive neurological deficit.

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

ODG require evidence of a progressive neurological deficit to justify CT scanning. There is no evidence that the mild deficit is progressing. CT scan is indicated to evaluate the status of a fusion if prior plain films were performed. There is no evidence that plain films have been performed. ODG Guidelines have not been met for the requested CT scan.

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.)