



Southwestern Forensic Associates, Inc.

REVIEWER’S REPORT

DATE OF REVIEW: 04/27/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI scan of the lumbar spine

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., practicing for approximately 30 years in the field of Chiropractic.

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)

INFORMATION PROVIDED FOR REVIEW:

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The case revolves around a gentleman who was injured at work on approximately xx/xx/xx. The patient has been examined several times by several physicians, and the MRI scan that was previously mentioned, which was taken on 10/22/09, showed a 3-mm disc bulge at L4/L5 with bilateral foraminal narrowing and flattening of the thecal sac. It also showed a 4-mm right parasagittal disc protrusion at L5/S1 with moderate bilateral foraminal narrowing. On 03/01/11 M.D. recommended a surgical procedure to the right L4/L5 area, and at that time an MRI scan was requested again by Dr.

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

As mentioned in the former paragraph, the patient was injured in xxxx and underwent care including ESI. MRI scan at that time indicated two disc bulges in the lumbar spine with foraminal encroachment and narrowing of the thecal sac. It is apparent that Dr. had sent the patient to Dr. for a consultation at which time he recommended a surgical procedure since the ESI done previously had failed.

When Dr. recommended surgery, it is obvious that a new MRI scan was needed, as no reputable surgeon would be surgery on a patient with records that are over two years old. This opinion is further supported by the fact that on 03/22/11 surgery was denied by M.D. for Workers’ Comp Services where he states that the recent lumbar spine x-rays and MRI scan were not submitted. It appears that Dr. and I agree that if there is no current MRI scan, surgery should not proceed. Therefore, if the patient is to have what is necessary to have him reach MMI, the patient needs to have a current MRI scan to

determine what levels are involved and to what extent so that the surgeons can make the proper decisions on 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.)