



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 09/07/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Limited CT scan, lumbar spine

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified in Orthopedic Surgery

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)

INFORMATION PROVIDED FOR REVIEW:

1. Request for IRO
2. Insurance company denials, 07/19/11, 08/02/11, including criteria used in denial
3. Request for medical records, 08/26/11
4. Notes from Dr., 08/16/11
5. Prescription for CT scan, 07/12/11
6. Notes from Dr. 07/12/11
7. Patient information sheet, Dr., 01/12/11
8. Copy of patient's driver's license
9. MRI scan report, lumbar spine, 01/28/11
10. Physical Therapy notes, 03/15/11
11. Spine Institute, 06/28/11, 06/27/11, 06/26/11, 06/25/11, 06/24/11, 06/23/11, 06/22/11
12. URA record including many of the similar copies
13. Designated Doctor Evaluation, 06/07/11
14. EMG, 06/15/11
15. Note from Dr., 06/21/11

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient fell at work, suffering an injury to the lumbar spine with herniated disc at L5/S1. The patient was treated conservatively and failed conservative management. He had continued symptoms of low back pain and radiculopathy. The patient was considered for surgery due to the failure of conservative management. The spine surgeon requested limited CT scan at L5/S1 to see if there is any neural foraminal stenosis, as the MRI scan just showed posterior bulging and posterior occipic ridging causing some anterior thecal pressure.

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

Sometimes the MRI scan and plain x-rays are not enough to diagnose minute details of bony anatomy. Since this study is being requested as a test of surgical planning, it could be helpful for the spine surgeon to know the status of the bony canals in the neural foramina, as they are not well imaged on the MRI scan. This could potentially change the type of procedure that was performed as a simple disc versus neural foraminotomy and decompression would be more invasive. Therefore, based on the ODG Guidelines as well as medical records provided, the request is medically reasonable and necessary and should be approved.

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 (OKU Spine).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)