



Southwestern Forensic
Associates, Inc.

Notice of Independent Review Decision
IRO REVIEWER REPORT

DATE: August 1, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar CT scan

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

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering low back pain and radiating pain.

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)

The reviewer finds that a CT scan of the lumbar spine at this time would be inappropriate.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Southwestern Forensic Associate forms
2. Certificate of independence of the reviewer
3. TDI referral forms
4. Letter of denial, 07/02/12 and 07/09/12
5. Carrier records
6. M.D. clinical notes, eight entries between 01/06/11 and 06/18/12
7. CT myelogram report, 02/08/11
8. History and physical examination, 03/22/11
9. Somatosensory monitoring consultation, 03/22/11
10. Operative report, 03/22/11, for the performance of exploration of previous lumbar fusion, decompression laminectomy, L2/L3, with bilateral discectomy and implantation of interbody cage implants and pedicle screws with the placement of an EBI spinal fusion stimulator and a Marcaine infusion catheter
11. Discharge summary
12. X-ray report, 04/25/11, three views of the lumbosacral spine

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13. URA records including fax cover, 06/28/12, and discharge summary, 03/24/11

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is male who suffered an injury to his lumbar spine on xx/xx/xx. On 04/02/02 he underwent lumbar surgery including fusion from L3 through S1 including three levels of facet screw fixation. He did not have dramatic improvement in his symptoms subsequent to this surgery. He subsequently was seen with worsening of his low back pain and leg pain. He was evaluated in January 2011 for severe back pain and leg pain. He was found to have retrolisthesis at L2/L3 with significant degenerative changes at the disc level. On 03/22/11 he underwent exploration of the prior fusion and a decompressive laminectomy/discectomy and fusion, L2/L3. He has subsequently done reasonably well. However, recently he suffered the onset of mild anterior thigh pain on the right side. A CT scan of the lumbar spine was ordered. The request to preauthorize the CT scan of the lumbar spine was considered and denied; it was reconsidered and denied.

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

The only problem that has been reported is some anterior thigh pain. There is no change in neurological status and no specific treatment of this pain. In the absence of radicular physical findings and documentation of both symptoms and positive physical findings, CT scan of the lumbar spine at this time would be inappropriate. The prior denials were appropriate and should be upheld.

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 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.)