

**AMENDED APRIL 26, 2007**

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 04/20/07

**IRO CASE #:**

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

Posterior lumbar decompression and fusion

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., F.A.C.S., Board Certification: American Board of Orthopedic Surgery, with experience in the evaluation and treatment of patients with low back pain and extensive experience in the review of medical records for retrospective and prospective documentation of medical necessary and/or indication for surgical procedures

**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. TDI Assignment
2. URA reviews, February 5, 2007 to March 2, 2007
3. Office notes of MD, September 29, 2006 to March 16, 2007
4. MD, RME, September 24, 2006
5. MD, Designated Doctor, October 26, 2006
6. Lumbar CT/Myelogram, October 16, 2005
7. Hospital, MD, history/physical, October 27, 2006

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This male was lifting a 150-pound can. He felt a pop in his lumbar spine. He has had pain without objective findings of neurocompressive disease. Facet arthropathy and spondylolisthesis have been documented on special studies. Designated doctor

examination on 10/26/06 recommended the finding of the patient at maximum medical improvement and awarded a 5% whole person impairment.

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

This patient's diagnosis is essentially degenerative disc disease with facet arthropathy and spondylolisthesis. He has pain without objective findings of neurocompressive disease. Disc decompression and fusion is unlikely to produce symptomatic relief.

**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 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.) Frymoyer, The Adult Spine, Second Edition.