



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: November 29, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar spine fusion, both anterior and posterior technique, L4-5, L5-S1.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D. degreed Orthopedic Surgeon, Board Certified with extensive experience in the evaluation and treatment of injured individuals.

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:

101 pages including:

1. xxxxx forms.
2. TDI assignment forms.
3. Denial letters 10/06/2007, 10/22/07.
4. URA records, denial letters, fax cover guard.
5. D.O. Records including clinic visits, 09/18/2007, 08/23/2007, 08/20/2007, 07/31/2007 and 10/11/2007 in multiple copies.
6. Lumbar discogram 09/11/2007.
7. MRI lumbar spine 06/22/2006.
8. Lumbar discogram 12/15/2006 with post discogram CT scan.
9. EMG nerve conduction study 06/07 revealing left L5 radiculopathy.
10. Epidural steroid injection procedure notes 06/08/2006, 06/18/2007.
11. M.D. Followup evaluation 06/28/2007.
12. D.O. Evaluation 06/06/2007.
13. Comprehension medical analysis 03/08/2007.
14. M.D. Initial evaluation 05/08/2007.

181 Ruby Lake Drive
Kyle, TX 78640

512.535.7699 * 512.697.8301 (fax) * Email: nan@swforensics.com

ODG Guidelines were not presented for review.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate male with a past history of lumbar spine surgery apparently slipped on a wet floor on xx/xx/xx suffering a straining, spraining type injury to his lumbar spine. He has had extensive evaluation by numerous physicians including Dr., Dr., Dr., Dr. and others. He has had extensive evaluation including multiple discogram procedures, multiple MRI scans. Currently the diagnosis is degenerative disc disease at L4-5 and L5-S1 without findings suggestive of instability.

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

The ODG is very definitive concerning recommendations for spine fusion within the first six months of symptom development. It is less definitive for chronic low back pain, though it suggests that the results for spine fusion for chronic low back pain in the context of workers' compensation does not have good or excellent results in even 50% of patients. This individual is less than two years post most recent spine injury and though he has had extensive evaluation and non-operative treatment, he would be a poor candidate for spine fusion with a less than 50% chance of good or excellent result. Additional reasonable evaluation would be psychodynamic studies in anticipation of further recommendations for spine fusion.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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, low back chapter, procedure summary, page 1019.
- _____ 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).