



REVIEWER'S REPORT

DATE OF REVIEW: 02/23/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

An L4 through S1 decompression, Gill laminectomy at L5, lumbar interbody fusion at L4 through S1 with cages, and BMP posterolateral fusion at L4 through S1 with local bone graft BMP/TCP, and Lagan with 4-day length of stay.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

I am an M.D.-degreed, F.A.C.S., Board Certified Orthopaedic Surgeon experienced in the evaluation and treatment of employees with lumbosacral spine injuries.

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:

insurance records.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This firefighter/EMT was injured on lifting a jammed compartment door on a fire truck. His initial treatment was with physical therapy. He has a diagnosis of spondylolysis and spondylolisthesis at L5-S1 with scoliosis apexed at L3-L4. His clinical scenario includes symptoms without objective physical findings of compressive neuropathy.

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

This surgical procedure does not appear to be justifiable. There are no physical findings suggestive of compressive radiculopathy in the absence of a clear indication for decompression. There is no current indication for fusion.

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 (Campbell's Operative Orthopaedics, Frymoyer Adult Spine, Second Edition)