



REVIEWER'S REPORT

DATE OF REVIEW: 03/08/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4 through S1 decompression and fusion.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., experienced in the evaluation and treatment of patients suffering axial spinal problems

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. Office records of, M.D. from January 30, 2007
2. Office records of, M.D. from February 27, 2007
3. MRI Report of.
4. Operative report of, MD from July 10, 2007 for transforaminal injection.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual was involved in a work-related motor vehicle accident. He underwent and L4/L5 discectomy at some time in the past. He has chronic low back pain. There are no physical findings suggestive of compressive neuropathy.

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

This appears to be a chronic low back pain problem. There are no physical findings suggestive of compressive neuropathy, nor are there findings suggestive of lumbar instability. The proposed surgical procedure would not appear to be justified on the basis

of chronic low back pain. There is no clear evidence that lumbar fusion associated with decompression performed under such circumstances provides any reliable relief of symptoms.

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.)

- X 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.
- X 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): AAOS Instructional Course Lecture: Spine, The Adult Spine, 2nd Edition, Frymoyer.