SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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DATE OF REVIEW: October 11, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L1 anterior corpectomy; T12-L2 anterior fusion; T11-L3 posterior fusion; L1-L2 laminectomy

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

American Academy of Orthopedic Surgeons

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier include:

- Employer's First Report of Injury or Illness
- Hospital, M.D., 02/02/06
- Physicians, P.A., 02/02/06

- Hospital, 02/07/06
- Orthopaedic, M.D., 02/14/06, 03/14/06, 04/25/06, 06/06/06, 10/04/06, 06/12/07, 07/03/07
- Nurses Notes, 03/24/06, 03/27/06, 05/02/06, 05/25/06
- Physical Therapy Notes, 03/24/06, 03/27/06
- M.D., 02/07/06
- Hospital, M.D., 06/14/07, 02/28/06
- Diagnostics, 02/24/06
- Blood Center, 03/03/06
- Hospital, M.D., 02/28/06

Medical records from the URA include:

- Official Disability Guidelines, 2007
- M.D., 08/16/07
- Orthopaedic, M.D., 02/14/06, 03/14/06, 04/25/06, 06/06/06, 10/04/06, 06/12/07, 07/03/07
- Precertification Request, 08/24/07
- Hospital, , M.D., 02/28/06
- Healthcare, M.D., 05/17/07
- Hospital, M.D., 06/14/07

Medical records from the Requestor include:

- Orthopaedic, M.D. 02/14/06, 03/14/06, 04/25/06, 06/06/06, 10/04/06, 06/12/07, 07/03/07
- M.D., 08/16/07
- M.D., 09/17/07
- Health, M.D., 09/25/07
- Hospital, M.D., 02/28/06, 06/14/07
- Hospital, M.D., 06/14/07
- Healthcare, 05/17/07

Medical records from Law Offices include:

- Hospital, M.D., 02/02/06
- Physicians, P.A., 02/02/06
- Hospital, 02/07/06
- Orthopaedic, M.D., 02/14/06, 03/14/06, 04/25/06, 06/06/06, 10/04/06, 06/12/07, 07/03/07
- Nurses Notes, 03/24/06, 03/27/06, 05/02/06, 05/25/06
- Physical Therapy Notes, 03/14/06, 03/27/06

- Peer Review, M.D., 08/16/07
- Peer Review, M.D., 09/17/06
- Law Offices 09/26/07
- Hospital, M.D., 02/28/06
- Diagnostics, 02/24/06
- Blood Center, 03/03/06
- M.D., 02/07/06
- Hospital, M.D., 06/14/07

PATIENT CLINICAL HISTORY:

The patient is a whose records I have been asked to review regarding a recommendation for spinal surgery from M.D., at Orthopaedic, Texas.

The patient was performing heavy lifting at work. The initial examination by Dr. on indicates the patient had severe pain in his upper back. The area of pain and injury is specifically noted to be between the scapula and the posterior spine. He has a past history of T12 and L1 compression fracture, treated with Harrington rod fixation and fusion in 1975. The physical examination by Dr. on February 14, 2006 noted tenderness over the area of the previous mid back incision.

X-rays at that time revealed a broken Harrington rod as part of the prior surgery and dislodgement of the hooks. Because these rods were migrating and "probing the skin" hardware removal was performed. Postoperative this surgical procedure, in early March of 2006, Dr. noted resolution of complaints regarding the work injury. However, in June of 2007, approximately plus post his resolution of complaints, the patient presented with lower back and lower extremity pain. A CT myelogram study at that point revealed a complete myelographic block at L1, hence the recommendation for the spinal procedure noted because of concern for progressive neurologic blocks. Dr. did describe pain in the legs and weakness, however, he did not indicate a specific neurologic deficit, and no neurodiagnostic studies are present in the records reviewed that I can ascertain.

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

In regard to Dr. recommendation for decompression, corpectomy, and fusion at the L1-2 area, it is my opinion that objective findings of neurologic deficit would need to be demonstrated. The rather indefinite reference to pain in the legs and weakness, in my opinion, would have to be supplemented by more objective evidence of a progressive neurologic deficit. Therefore, at this time the surgical recommendation by Dr. is not in agreement with what I would consider standard of care.

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 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**