



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: October 15, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Removal of posterior hardware, fusion exploration, possible revision, posterolateral fusion with lumbar laminectomy, hemilaminectomy, discectomy and possible bone grafting at L4-5 and L5-S1. It has been denied by the insurance company as medically unnecessary.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Board Certified in Orthopedic Surgery.

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:

The following documents were presented and reviewed:

1. TDI assignment including insurance company denial letters x2.
2. Requester's records including MRI report, Diagnostic, post laminectomy on 03/28/2007.
3. Records from Dr., 02/27/2007, 04/10/2007, 07/10/2007, 08/21/2007.
4. review.
5. records, very similar records including surgical requests, the same notes from Dr., the same MRI report.
6. History and physical from Occupational Health Systems/Peer Review, dated 04/27/2007, M.D.

ODG Guidelines for past physical medicine were included in the carrier records. Guidelines for surgery were not found.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient has failed back syndrome and has had three lumbar surgeries, the last of which was a posterior instrumentation and decompression. The patient presented to the requesting surgeon with evidence of pseudoarthrosis demonstrated by radiolucencies and segmental instability, as well as radicular pain. Surgical exploration with removal of the impinging hardware demonstrated on the MRI scan and possible repeat decompression and fusion has been recommended to the patient.

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

The ODG guidelines, although they warn about re-operation, in this case do not preclude it. This is a complex reconstructive patient, however, there is demonstrated motion and pseudoarthrosis as evidenced by the radiolucencies around the pedicle screws, as well as impingement of these screws anteriorly. I think it would be quite appropriate to remove this hardware, explore the fusion mass and supplement it with more fusion. In addition, because of the radicular symptoms demonstrated on multiple physical examinations, decompression of the nerve roots in that area are indicated and would probably be helpful as well.

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 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.
- 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.)
- Orthopaedic Knowledge Update: Spine.