Southwestern Forensic Associates, Inc.

Amended October 19, 2007

REVIEWER'S REPORT

DATE OF REVIEW: October 14, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Anterior lumbar interbody fusion L4-L5 with bone spacer.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
M.D. degreed Orthopedic Surgeon, Board Certified by the American Board of Orthopedic Surgery.

REVIEW OUTCOME:
"Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

___X__Upheld (Agree)

_____Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:
1. Center, CT lumbar spine post myelogram 04/09/2007, lumbar myelogram.
2. Imaging, discogram, 10/20/2006.
3. M.D. Designated Doctor Exam on 04/18/2007.
4. M.D., 02/20/2007, 06/05/2007.
5. Pain Management Consultants, 03/02/2007.
6. M.D., 12/20/2006, 10/24/2006, 10/07/2006, 10/03/2006, 08/10/2006 and letter dated 06/29/2006.
7. denial letters, multiple.
8. Institute and Orthopedics, CT scan 04/09/2007, lumbar myelogram.
9. D.O., Peer to Peer Reports, 09/05/2007, 07/11/2007, appeal letter 09/20/2007, consultation 07/27/2007 and 06/29/2007.
10. 05/29/2007.

181 Ruby Lake Drive
Kyle, TX 78640
512.535.7699 * 512.697.8301 (fax) * Email: nan@swforensics.com

12. Pain Management, 08/30/2007.
13. records.
14. Multiple copies of records, M.D.
15. Amended discogram report, 10/20/2006.
16. Multiple business records.
17. Diagnostics, 04/18/2007, manual muscle testing.
18. MRI and Diagnostic.
19. 05/31/2007 and 06/28/2007, multiple copies.
20. Texas Administrative Codes.
21. Denial letters 05/30/2007.
22. Clinic, multiple clinic visits. No physician identified.
23. Denial Letter, 05/11/2007.
24. Functional capacity examination, 01/03/2007.
25. Emergency Center, 09/19/2006.
26. Imaging Center, 09/12/2006.
27. EMS report, 09/19/2006.
28. Hospital, MRI of the spine, 09/19/2007, with multiple radiology reports.
29. and Review Medical, 11/07/2006.
30. multiple business records.
31. D.C. multiple records.
32. Medical Center records, 05/09/2006.
33. M.D., letters to Gail Bates.
34. Center, functional capacity Examination 05/03/2006.
35. Pharmacy.
36. Diagnostics, 03/22/2006, EMG.
37. 01/03/2006.
38. Clinic, 01/17/2006 through 03/08/2006.
39. M.D., 01/16/2006.
40. URA records, multiple copies.
41. Appeal letter, Dr. 08/20/2007.

ODG Guidelines were presented for review.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
This unfortunate male suffered a twisting and straining injury to his lumbar spine when he slipped on wet concrete while carrying bags of cement. His treatment for low back pain and some radicular-like pain has been principally medications, physical therapy and epidural steroid injections. Effective relief of symptoms has not occurred. The patient is felt to be a candidate for lumbar spine surgery by multiple evaluators.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:
Though anterior lumbar interbody fusion could seriously be considered as an alternative to discectomy and posterior decompression; there appears to be failure to adequately justify the performance of the significantly more difficult anterior procedure. Dr. feels strongly that the anterior interbody fusion technique should be utilized in preference to

the posterior decompression and discectomy technique, however, the ODG does not recommend such an approach under the circumstances which now exist.

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.
___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).
___X__Other evidence-based, scientifically valid, outcome-focused guidelines (Clinical Orthopedics, Edward Craig, M.D. and others, page 404).

181 Ruby Lake Drive
Kyle, TX 78640
512.535.7699 * 512.697.8301 (fax) * Email: nan@swforensics.com