



REVIEWER'S REPORT

Date of Review: 04/13/08

IRO Case #:

Description of Service or Services in Dispute: Anterior/Posterior Lumbar Fusion with instrumentation @L4-S1, 3-4 day length of stay.

Qualifications: MD degreed, ABOS certified orthopedic surgeon with extensive experience in the evaluation and treatment of spine injured patients

Review Outcome:

- Upheld (agree)
 Overturned (disagree)
 Partially overturned (agree in part/disagree in part)

Information provided for review:

TDI Assignment Forms
Denial letter 2/5/08
Clinical notes from the requestor-1/22/08, 1/4/08, 11/30/07
MRI L/S spine-4/27/07, 2/24/07
Lumbar Myelogram with CT follow through- 7/23/07
ODG Guidelines were not presented for review

Injured employee clinical history:

This is a male with twisting injury lumbar spine. Specific symptoms and physical findings were not documented. Apparently, a HNP L4-L5 diagnosed and laminotomy discectomy performed sometime in April, 2007. Possibly, a second surgery was performed at level L5-S1. There is no consistent recording of history, physical findings and special studies. No specific justification for the recommended surgery has been offered. There is no documentation of instability.

Analysis and Explanation of the decision, including clinical basis, findings and conclusions used to support decision:

In the absence of specific documentation of instability spine fusion for persistent pain is not justified. The history, physical examination and special studies are inconsistent. Non operative treatments have not been documented. The current documentation does not include elements of history, physical examination, and special studies that would indicate

that this patient meets criteria stated in ODG for the performance of spinal fusion for “failed back syndrome”.

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 (provide a description.)