



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 04/29/08

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar laminectomy/discectomy L3 through S1, arthrodesis with cages, posterior instrumentation, and bone growth stimulator L5/S1 with two-day inpatient length of stay.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with experience in the evaluation and treatment of spine-injured patients

**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. TDI referral
2. Denial letters 03/14/08 and 04/07/08
3. TDI assignment forms
4. Requestor records
5. Office note 02/05/08
6. Pain and Recovery Clinic, 02/21/08
7. Mental health evaluation
8. EMG/NCV study 10/23/07
9. MRI of the lumbar spine, 09/26/07
10. Evaluation of, M.D., 11/21/07
11. M.D. clinic visit note, 03/11/08
12. Carrier records faxed to Insurance Company, 03/12/08
13. Request for appeal denial and modification of original request, 03/31/08

- 14. URA records
- 15. Multiple copies of the above

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This xx-year-old male was attempting to carry buckets full of water down a short flight of stairs when he slipped and fell. He suffered low back pain and intermittent leg pain. He has been treated with medications and some physical therapy. No specific documentation is present. He has EMG/NCV study suggestive of L4/L5 radiculopathy. However, peripheral neuropathy could not be ruled out. MRI scans of the lumbar spine revealed facet arthropathy and mild degenerative disc disease. Decompression by laminectomy and discectomy at L3 through S1 with an arthrodesis with cages and posterior instrumentation and a bone growth stimulator at L5/S1 with a two-day length of stay has been requested. It has been denied on two occasions.

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

There is no documentation of clear physical findings suggestive of compression neuropathies. The special studies suggest degenerative disc disease with facet arthropathy as a source of pain. Appropriate nonoperative treatment has not been documented. The ODG 2008 Low Back Chapter under headings of Decompression and Spinal Fusion suggest that prior to decompression and spinal fusion, extensive efforts to achieve nonoperative relief of symptoms should be documented. This patient is just more than six months post injury. The date of injury was xx/xx/xx. There is research documentation suggesting that results of extensive spine surgery performed in the Worker's Compensation circumstances result in less than ideal benefit when compared to similar populations outside of the Worker's Compensation circumstances. Furthermore, there is research that suggests that at two years post injury, patients treated by nonoperative means and those treated surgically have very similar end result.

**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, 2008, Low Back Chapter, pages 871-872 and 889-892.
- 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.)