



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 07/20/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Laminectomy/discectomy, L4/L5 and L5/S1 with instrumented fusion.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

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

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:

Please obtain from Dr.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This XX-year-old male suffered a twisting straining injury to his lumbar spine on XX/XX/XX. He initially developed low back pain and then subsequently right leg pain. He has been evaluated by a number of physicians and with a number of special imaging studies including an MRI scan of 07/28/06, a discogram with CT follow through on 10/26/06. He has had a number of medical record reviews performed by Dr. , Dr. , and , M.D. Furthermore, he has had a Designated Doctor Evaluation. All of the independent evaluators have concluded that the laminectomy/discectomy and fusion as requested would be ill-advised and have advised against such. This procedure has been formally requested on two occasions and has been denied on 05/30/08 and 06/17/08. There is no documented evidence of radiculopathy and no evidence of compressive neuropathy. There is an anatomic finding compatible with instability. However, no specific instability-related symptomatology is documented.

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

There is extensive proof as stated in the ODG that spinal fusions performed at multiple levels without clear indication of compressive neuropathy or instability are fraught with high complication rates and less than 50% acceptable symptomatic relief. As stated above, there is little or no documented physical findings suggestive of compressive neuropathy. The instability anatomy, specifically the spondylolysis and grade 1 spondylolisthesis, is not sufficient to warrant a specific fusion. There is no documentation of worsening with flexion and/or extension of the lumbar spine. The suggestion that multiple levels of spine need to be decompressed and fused has been refuted by several of the independent evaluators.

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, Spine Chapter
- 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.)