



## REVIEWER'S REPORT

**DATE OF REVIEW:** 06/19/08

**IRO CASE #:**

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

Spinal fusion, L4/L5.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive 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:**

1. URA Findings-5/12/08 to 6/3/08
2. IRO review, 4/25/08
3. MD office notes, 10/17/07 to 5/2/08
4. MD, designated doctor report, 5/7/2007
5. Imaging MRI, 11/9/07
6. Imaging Lumbar X-ray series, 10/2/06
7. MD, office notes, 7/26/07 to 9/6/07
8. MD, EMG, 8-9-07
9. MD, office notes, 7/23/07
10. MRI-2/28/06
11. Back Institute office notes, 2/16/06 to 10/6/06
12. ODG Guidelines for thoracic and lumbar spine
13. Clinic, Ph.D., psychological evaluation, 1/16/2008
14. Orthopedic Clinic, surgical report, 8/21/06

15. DC, office note, 5/18/2007

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

This unfortunate male suffered a lumbar spine injury while lifting heavy pipe. He has been extensively evaluated by a number of physicians and exhaustive diagnostic and conservative methods have been attempted unsuccessfully.

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

MRI scan and EMG studies performed on 02/28/06 and 04/09/06 respectively suggested degenerative disc disease with L4/L5 radiculopathy. He has undergone psychological evaluation on 01/16/08 and found to be an acceptable candidate for spine surgery. He has had a number of recommendations, the principle diagnosis being degenerative disc disease at the level of L4/L5.

**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, 2008, Low Back Chapter, see passage for recommendations for spine fusion  
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.)