



Southwestern Forensic Associates, Inc.

REVIEWER’S REPORT

Date of Review: 3/5/08

IRO Case #:

Description of Service or Services in Dispute: Anterior and Posterior interbody fusion at L4-L5 and L5-S1, left decompression discectomy.

Qualifications: MD degree, ABOS board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the spine injured patient.

Review Outcome:

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

Information provided for review:

Denial letters, 1/21/08, 1/31/08, Carrier records, , MD, Preauthorization Request, clinic psychological evaluation 1/10/08, clinic notes: 12/19/07, 7/31/07, 10/25/06, 10/10/06, initial eval 8/23/06, CT scan L/S spine 7/19/07, Operative report, discography, EMG report 9/25/06, MRI L/S spine 1/23/06, Report Designated Dr evaluation, MD, 6/12/07, TWCC-73’s, 3/2/06, 1/26/06, 1/13/06, 1/10/06, 1/6/06, 6/7/06, 4/3/06, 3/13/06, 5/3/06, 6/2/06, 7/11/06 MD Progress notes, PA, 3/2/06, 5/3/06, 6/2/06, 1/26/06, MD clinic notes, 3/20/06, 5/5/06, 2/9/06, 5/22/06, ESI report, 5/5/06 ESI follow up, 5/22/06, Physician orders 4/28/06 – 5/5/06, Procedure note 5/5/06 (ESI), records including preoperative eval, intraoperative and post operative records, anesthesia records, sedation record, Notice change of benefits letter 6/14/06, Ctr Hospital ER Record 3/10/06, PT referral 1/26/06, Progress notes 1/6/06, 1/10/06, 1/13/06, PT Treatment Log, Job modification 6/21/06, Family Medicine 1/6/06, Designated Dr. Evaluation 6/22/06, MD, neurosurgeon, 4/12/06, Spine Therapy reevaluation 3/1/06, Oswestry LBP Disability Questionnaire, incomplete, 3/1/06. ODG guidelines were not presented for review.

Injured employee clinical history: This, male was lifting and moving a 100 pound metal piece described as a “headache guard” and felt an acute onset of low back pain with subsequent leg pain. He has had extensive evaluation and treatment with suggestion of a HNP L4-L5 and compressive neuropathy. Unfortunately, not all studies are confirmatory.

Provocative discography was negative and EMG/NCV studies were not confirmatory. Symptom magnification has been reported and Waddell signs reportedly positive. Patient believes he is getting worse. Most studies to confirm radiculopathy dated more than 18 months ago.

Analysis and Explanation of the decision, including clinical basis, findings and conclusions used to support decision: The beneficial results of spine fusion in the population of patients obtaining the surgery within the worker's compensation system are not reliably obtained. The indications for such patients are currently "under study" and would be applicable according to the ODG, 2008, Low Back Chapter. This patient has features which would suggest that beneficial results may be more difficult to achieve. For example, symptom magnification is reported, Waddell signs reported positive and a neurosurgeon questioned the patient's status as a surgical candidate. Discography and EMG/NCV studies are controversial, in that, they low specificity and high false positive results. The fact that this patient has negative results suggests that he may not be a good surgical candidate.

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.)