



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 03/18/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right L4/L5 and L5/S1 re-exploration discectomies, TLIF transverse process fusion with pedicle fixation.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

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

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. SWF forms
2. TDI Assignment forms including denial letters dated 01/28/08 and 02/15/08
3. Carrier records
4. clinic notes from 01/05/06 through 01/15/08
5. M.D. clinic notes dated 05/11/07 and 10/05/07
6. M.D.
7. Physical Medicine and Rehabilitation records from 01/10/06 through 09/20/07
8. Discogram report dated 05/02/07
9. Lumbar spine MRI report dated 10/23/06
10. MRI report of lumbar spine dated 01/26/06
11. Operative report, lumbar discogram, M.D., 05/02/07
12. MRI report, 08/15/05
13. Requestor's records including operative report dated 05/03/05

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This male truck driver suffered a straining injury to his lumbar spine. Ultimately a diagnosis of herniated nucleus pulposus at L5/S1 was made, and a laminotomy/discectomy procedure with decompression at the L5/S1 level was performed on 05/03/05. Initial left leg pain was eased. Subsequently right leg pain developed and has persisted. He has been treated with epidural steroid injections, work hardening program, physical therapy, and medications. There are no physical findings suggestive of compression neuropathy. EMG/nerve conduction study is negative. Special investigative studies failed to reveal evidence of compressive neuropathy.

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

The performance of spine fusion in the context of Workers' Compensation alone has a reasonable high risk of unacceptable result. The performance of spine fusion for degenerative disc disease as opposed to instability similarly has a high risk of unacceptable result. The ODG Guidelines 2008 Low Back Chapter 889-892 specifically deals with the reasonable likelihood of unacceptable result after the performance of this surgical procedure.

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.
- 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.)