



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 05/04/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Laminectomy, discectomy, decompression, fusion with instrumentation at L4/L5 with two-day to three-day length of stay.

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. SWFA forms
2. TDI referral forms
3. Denial letters, 03/14/08 and 04/12/08
4. Request for additional review, 04/16/08
5. Carrier records
6. M.D. clinical notes, 03/03/08 and 03/25/08
7. M.D., clinical notes, 08/16/06, 01/08/07, 12/10/07, 01/07/08, and 02/11/08
8. Imaging, 01/24/08, lumbar myelogram with post myelogram CT scan follow-through and addendum, 01/25/08
9. Upright MRI, lumbar spine, 12/20/07
10. Hospital operative report, 09/12/06
11. Unsigned clinical note, 08/01/06
12. M.D., 07/13/06
13. Injury/illness examination records, F.N.P., 06/27/06, 06/12/06,

06/05/06

- 14. Multiple pages from ODG
- 15. Requestor's records

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate male suffered injuries to his lumbar spine on probably two dates. There is a date of injury of xx/xx/xx and a second date of injury of xx/xx/xx. The initial injuries are not well documented as far as mechanisms. One source of information suggested that the patient strained his lumbar spine while pulling fire hoses and clearing a ditch. The second suggested that his mechanism of injury was related to repetitive manual labor. The initial injury led to evaluation revealing a large herniated nucleus pulposus at the level of L4/L5, and a laminotomy/discectomy was accomplished on 09/12/06. The patient has been persistently painful subsequently. He has been evaluated by a neurosurgeon who suggested that he would possibly benefit from spine fusion. He was subsequently evaluated by Dr. who has requested a repeat laminectomy discectomy decompression with fusion instrumentation across the level of L4/L5 with a length of stay of two to three days. There is poorly documented objective physical findings of compressive neuropathy. There is nothing documented to suggest instability.

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

This patient has persistent pain without objective physical findings suggestive of compressive neuropathy. He has no findings documented to suggest that there is instability at the level of L4/L5. His candidacy for lumbar fusion is on the basis principally of persistent pain. Persistent pain as an indication for surgery in the Worker's Compensation circumstances has a less than 50% chance of successful surgery. Many patients operated on in similar circumstances require additional surgery, and the success rate is very poor in the Worker's Compensation circumstance.

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, pages 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.)