



REVIEWER'S REPORT

DATE OF REVIEW: 09/26/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

360-degree fusion of L3-S1, 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)

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This male was injured on XX/XX/XX when he fell on a wet floor. The patient has reported multiple symptoms. He was initially evaluated in an emergency room. His persistent complaints have been lumbar spine pain with some radiation into the lower extremities. He has been treated with medications, chiropractic manipulations, physical therapy, and activity modifications. His symptoms have been persistent with intermittent worsening. A discogram performed revealed normal findings at L2/L3 and degenerative disc disease findings at L3/L4, L4/L5, and L5/S1. There have been no physical findings suggestive of radiculopathy.

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

This patient has persistent low back pain probably on the basis of degenerative disc disease in the lumbar spine region. There is mention of a prior cervical fusion. The patient suffers no radiculopathy. There is no demonstrable instability in the lumbar spine

region. The patient does not meet ODG criteria for an extensive lumbar fusion.

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, Spine Fusion passage
- 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.)