



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 08/21/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar surgery, L5/S1 anterior lumbar interbody fusion with posterior decompression and posterior lateral fusion.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spine injuries and degenerative disc circumstances

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. Southwestern Forensic Associates forms
2. TDI referral forms
3. records
4. Denial letters, 08/05/09, 07/02/09
5. Requestor records
6. Letter of reconsideration, 06/25/09
7. MRI scan, lumbar spine, 01/07/09
8. request for second opinion, 06/27/09
9. Operative report, 05/05/07
10. Microdiscectomy, L5/S1, foraminotomy and partial facetectomy
11. Evaluations by M.D., 07/17/08, 01/13/09, 05/19/09
12. X-rays of lumbar spine, 01/14/09
13. Healthcare Evaluations, 01/19/09

14. MRI scan of lumbar spine, 01/07/09
15. Imaging, consultation, 02/25/08
16. Procedure note, 03/03/08
17. Epidural steroid injection and trigger point injection
18. Clinical notes, 03/17/08
19. URA records
20. Prior authorization request, 06/02/09
21. denial letters
22. L4 through S1 anterior lumbar interbody fusion, 01/22/09 and 02/16/09
23. Psychological evaluation, 01/19/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who suffered a lumbar spine injury on xx/xx/xx. The mechanism of injury and care prior to a surgical procedure is not documented. The injury resulted in low back pain and left leg pain. A microdiscectomy at L5/S1, partial facetectomy and foraminotomy were performed at the level of L5/S1 on 05/05/07. The patient apparently did well in the postoperative period. However, he developed a recurrence of low back pain and lower extremity pain requiring re-evaluation in January 2009. After evaluation at that time, a request was placed for preauthorization for an anterior lumbar interbody fusion between L4 and S1. This multilevel request for anterior lumbar interbody fusion was denied, reconsidered, and denied. Subsequently the request has been refined to L5/S1 anterior lumbar interbody fusion with posterior decompression and posterolateral fusion. This request was considered. It was initially denied, reconsidered, and subsequently denied. The denials have been on the basis of objection to the inclusion of the fusion. There is suggestion that the decompression of the S1 nerve root on the left side could be justified. However, the fusion of the same level could not.

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

The history and physical examination and special imaging studies do suggest compressive compromise of the S1 nerve root on the left side at the level of L5/S1. Decompression of this nerve root could be justified. There is an objection to the automatic inclusion of the anterior lumbar interbody fusion and the posterior lateral mass fusion, the so-called 360-degree fusion procedure. There is no documentation of instability at this time. There are no flexion/extension x-rays documented.

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, 2008, Cervical Spine Chapter, Discography 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.)