



Southwestern Forensic
Associates, Inc.

Amended on December 8, 2009

REVIEWER'S REPORT

DATE OF REVIEW: 11/29/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient LOS 2 days and lumbar surgery.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

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

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 referral forms
3. Denial letters, 10/23/09 and 11/05/09
4. Requestor records including fax cover sheets
5. Clinical records, M.D., 10/06/09, 09/08/09, 09/07/09 and 09/09/09
6. Imaging, 09/17/09
7. Lumbar CT scan and flexion/extension lateral x-rays
8. Diagnostic Imaging, lumbar CT scan, 08/24/09
9. Pain Management consultation, 04/09/09
10. Psychiatric evaluation, 08/26/08
11. Pain management consultation, 07/23/08
12. Medical evaluation, 02/28/08
13. Pain Consultants evaluation, 03/12/08
14. MRI scan of lumbar spines, 05/05/06

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15. URA records including letter to Forensics, 11/13/09
16. Review of CT myelogram, 09/07/09
17. Pain Management evaluation, 09/01/09
18. Followup 08/24/09
19. ODG criteria for spine fusion

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This male has two dates of injury. The first occurred on xx/xx/xx when he fell while straining cutting limbs from a tree and a second being xx/xx/xx occurring when he fell from a balcony, a distance of approximately ten feet. The patient has had chronic low back pain and lower extremity pain, mostly in the right leg. He has been treated extensively with pain medication including Ultram, trazodone, Cymbalta, and Lunesta. He has received extensive pain management evaluation and treatment. He has had evaluations including numerous special imaging studies. The primary diagnosis has been pan lumbar spondylosis with a suggestion of segmental instability at multiple levels. A request to preauthorize an extensive lumbar surgery including laminectomy/discectomy at multiple levels from L2 to L5 with arthrodesis utilizing cages, posterior instrumentation, and the implantation of a bone growth stimulator has been made. The request has been considered and denied, reconsidered and denied.

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

This patient suffers primarily pan lumbar spondylosis. There is a suggestion that he may be suffering segmental instability. However, the measurements are minor and are not indicative of gross instability. There is no translation or rotational instability. There is no subluxation. Fusion primarily for degenerative spondylosis is not recommended by the ODG. The prior denials of this request for preauthorization have been appropriate and should be upheld.

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, 2009, Low Back Chapter, Spinal Fusion passage and Lumbar 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