



Southwestern Forensic
Associates, Inc.

Amended December 14, 2009

REVIEWER'S REPORT

DATE OF REVIEW: 11/30/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Translaminar interbody fusion w/decompression at L5/S1.

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. MD, office notes, 12/14/07 to 5/15/08
2. Behavioral consultations and office notes, 12/31/07 to 4/10/09
3. DFW MRI, Lumbar myelogram, 7/11/07
4. DFW MRI, Lumbo-sacral MRI, 2-7-08
5. MD, Designated Doctor report, 3/28/08
6. DO, office notes, 8/5/08
7. MD, office notes, 8/11/08 to 12/23/08
8. Hospital, pre- op and operation reports and X-ray reports, 8/27/08
9. URA, URA findings, 10/5/09 to 10/26/09
10. office notes, 9/26/06 to 7/11/07
11. DC, PPE, 12.11/07
12. DC, office notes, 12/11/07 to 11/2/09
13. Imaging, Lumbar MRI, 2/23/2009
14. Imaging, myelogram, 4/17/09

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15. DO, office notes, 3/10/09
16. MD, office notes, 5/18/09
17. DTI testing, electrodiagnostics, 7/2/09
18. DC, MMI/impairment report, 7/8/09
19. MD, office notes, 8/25/09 to 9/22/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is male with a long history of low back pain, bilateral leg pain, and weakness. His date of injury was xx/xx/xx. The mechanism of injury was straining while lifting heavy objects repeatedly. He was initially evaluated and treated by physicians at Medical Center. He was prescribed physical therapy. Subsequently he was referred to other physicians and has been extensively treated by D.C. In addition, he has been evaluated by M.D., and most recently M.D. In August 2008 he underwent laminectomy/discectomy at the level of L3/L4 performed by Dr.. His initial response to the surgical procedure was diminished pain. However, his weakness persisted and actually worsened. He developed foot drop on the left side and extensive weakness on the right side. He has been extensively evaluated by special imaging studies, EMG/nerve conduction studies, and evaluations by behavioral medicine specialists in a chronic pain management program. He has undergone psychotherapy sessions. Unfortunately, the bulk of his clinic notes provided by his treating physician are either illegible or only marginally legible. Most recently he has received a recommendation for extensive decompression from L2 through S1 and a transforaminal interbody fusion from L3 to S1 as well as a decompression of L5 to S1. The requests to preapprove such a surgical procedure have been considered and denied, reconsidered and denied. There was initial confusion concerning the extent to which lumbar fusion was to be performed. It is now being requested only at the level of L5/S1.

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

The extent to which this patient has been treated or responded to nonoperative treatment is not clear. Most recently he has been described as simply living with his discomfort. He wears a drop foot brace on the left side and ambulates with a cane. The special imaging studies have suggested multiple levels of spinal stenosis and degenerative disc disease. There is no demonstration of instability at any level utilizing flexion/extension lateral x-rays.

This is a compound request. On one level there is a request for extensive decompression from L3 through S1. On the second level, there is a request to perform lumbar fusion at the level of L5/S1. The extent to which this patient has been treated nonoperatively by medications, physical therapy, or bracing is not clear. It does not appear that all elements of the request for surgical preauthorization have been met according to the ODG 2009 Low Back Chapter. Under such circumstances, the prior denials were appropriate and should be upheld.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

- 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 Laminectomy/Discectomy 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.)