



Southwestern Forensic
Associates, Inc.

Amended December 16, 2009

REVIEWER'S REPORT

DATE OF REVIEW: 12/06/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient anterior lumbar interbody fusion/posterior lumbar fusion, L4-5, 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. SWF forms
2. TDI referral forms
3. Denial letters dated 10/7/09 and 11/10/09
4. notes 5/1/06 thru 12/2/08
5. Clinical notes, MD, 5/8/06 thru 12/5/08
6. MRI of right hindfoot/ankle, 6/13/06
7. Clinical notes, DO, 7/6/06 thru 12/4/07
8. Physical Therapy of notes, 7/17/06 thru 10/31/07
9. Prescription, Center, 7/21/06
10. MRI of left knee, 9/25/06; 1/15/09
11. X-ray of chest PA & lateral, 12/15/06 and 8/15/07
12. Designated Doctor evaluations, MD, 2/16/07 thru 5/21/08
13. Surgical notes, 8/17/07
14. EMG/NCV, MD, 9/12/07

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15. FCE, PT, 11/15/07
16. Clinical notes, MD, 4/23/08 thru 2/17/09
17. Clinical notes, Rehabilitation, 5/2/08
18. Clinical notes, Consultants, 6/5/08
19. FCE, MD, 7/15/08
20. Clinical notes, MD, 7/7/08 thru 7/25/08
21. Clinical notes, MD, 7/15/08 thru 9/29/09
22. MD, 7/31/08
23. Knee steroid injection, MD, 8/27/08
24. Clinical notes, DO, 12/22/08 thru 1/21/09
25. Lumbar Myelogram, MD, 1/6/09
26. Clinical notes, MD, 2/17/08 thru 9/15/09
27. Preauthorization request, 10/1/09
28. Request for reconsideration, 11/6/09
29. To Whom it May Concern letters, 10/13/09; 10/22/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate suffered injuries in a fall on xx/xx/xx. His initial injuries were related to foot and ankle problems. He was felt to have suffered contusions of both feet, plantar fasciitis, and ankle sprains. Subsequently he developed knee pain and problems and underwent an arthroscopy of the left knee on 08/17/07. He then subsequently developed back pain. He has been evaluated by a number of physicians and surgeons. He has undergone a number of Designated Doctor Evaluations, EMG/nerve conduction studies, neurology evaluations, pain management evaluations, and spine surgery examinations. Most recently he has also received evaluations including MRI scans and a CT lumbar myelogram. Physical findings have been limited. There are no physical findings which indicate radiculopathy. The EMG/nerve conduction studies have suggested a chronic left L5 radiculopathy. Most recently the patient has received recommendation for anterior interbody fusion at the level of L4/L5 and L5/S1 with laminectomy and posterior fusion from L4 through S1. This evaluation has been considered and denied, reconsidered and denied. This patient has a past history of three prior lumbar spine surgeries in 1995, 1997, and 2001. He has a pre-existing fusion at the level of L3/L4, which has been defined as intact and mature.

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

The patient demonstrates no physical findings which suggest compressive neuropathy. There are no findings that suggest segmental instability. The prior denials have been appropriate and should be upheld. This patient has a failed back syndrome. He has undergone a number of treatment regimens including extensive physical therapy, epidural steroid injections, percutaneous dorsal column stimulator, and activity modifications. Unfortunately, he persists in complaints of pain without radicular physical findings and without evidence of instability.

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, Low Back Chapter, Spinal 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.)