



**REVIEWER'S REPORT**

**DATE OF REVIEW:** 02/21/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:**

Lumbar 360-degree fusion, L3 through S1, and three day length of hospital 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)

**INFORMATION PROVIDED FOR REVIEW:**

1. forms
2. TDI referral
3. Denial letters 01/06/09 and 01/13/09
4. Requestor records
5. Preauthorization for surgery
6. Patient demographics
7. Mental health evaluation
8. Clinical notes 12/12/08, 08/04/08, and 06/30/08
9. Operative report, 07/21/08
10. Diagnostic Center, 09/07/07
11. Thoracic and lumbar spine myelogram
12. Neuro EMG report, 05/15/07
13. MRI scan of the thoracic spine, 08/16/06 and 08/08/06

14. URA records
15. Fax cover sheet
16. Designated Doctor report, 09/10/08
17. Peer Review report, 09/19/08

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This unfortunate xx-year-old fell from a ladder, suffering multiple injuries on xx/xx/xx. His injuries included injuries to the right shoulder, left wrist, lumbosacral spine, and cervical spine. He has had persistent low back pain and bilateral leg pain. He had cervical pain and bilateral upper extremity pain, which for the most part resolved after an anterior cervical disc fusion at C5/C6 in November 2007. He also underwent right rotator cuff repair in November 2007 and surgery on his left wrist a few months later. He has been treated with medications, activity restrictions, and physical therapy. He has diagnoses of spondylolysis at L5/S1 and grade 1 spondylolisthesis. EMG has suggested right L4 and left L5 and bilateral S1 radiculitis. He has been treated with caudal epidural steroid injections. His symptoms are persistent. There is no documentation of spinal instability.

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

The patient has persistent pain, and he has EMG/nerve conduction study suggestive of radiculitis. However, there is no documentation of neurocompressive compromise or instability. At this time extension decompression, which might produce instability, is not justified, and fusion does not appear to be justified on the presence of documented 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 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.
- 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.)