



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 02/21/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Two-level 360-degree fusion, L4/L5 and L5/S1.

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. SWFA forms
2. TDI forms
3. Denial letters dated 01/23/09 and 01/14/09
4. Requestor records including clinical notes, 05/15/08
5. Clinical notes, 11/14/08, 10/06/08, and 08/22/08
6. Discogram, 11/07/08
7. Presurgical evaluation, psychological, 10/22/08
8. MRI scan of the lumbar spines, 02/15/08
9. URA records
10. letter, 02/03/09
11. Fax cover, UR request, 01/09/09
12. Request for preauthorization for surgery
13. Patient demographics
14. Clinical notes dated 11/14/08, 10/06/08, and 08/22/08

15. reviews, 01/29/09 and 01/14/09
16. Utilization Review request, 01/20/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate xx-year-old male suffered a straining lumbar spine injury while lifting heavy objects on xx/xx/xx. He has had low back pain with bilateral pain radiating into the buttocks and lower extremities. He has been treated with activity modification, medications, physical therapy, and multiple injections. His symptoms are persistent. There is a question of translational instability at the level of L4/L5. However, it has not been documented or quantified as to its exact nature and extent. A request for two-level 360-degree fusion has been submitted and denied primarily and on reconsideration.

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

There are no findings suggestive of compressive neuropathy. The possibility of a translational instability at L4/L5 has not been confirmed. It has not been documented to its extent. There are no physical findings that suggest compressive neuropathy. There is nothing to suggest an extensive decompression surgical procedure, which might produce 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, 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.)