



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 07/31/09

**IRO CASE #:**

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

Lumbar laminectomy and decompression at L5/S1 with decompression of S1 nerve root, an outpatient surgery

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

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

**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. referral forms
3. Denial letters, 06/15/09 and 07/02/09
4. Requestor records
5. Clinical note, 05/19/09
6. , MRI scan of lumbar spines, 04/16/09
7. URA records
8. Orthopedic consultation, , D.O., 04/28/09
9. Physical Activity Status Reports, two entries
10. , 04/28/09

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

This unfortunate xx-year-old male fell from a truck on xx/xx/xx. He suffered lumbar spine injury in the fall. He has been evaluated and felt to be suffering S1 radiculopathy. He has a diminished ankle jerk on the right and a straight leg raising test positive on the

right. His MRI scan reveals facet arthropathy at both L4/L5 and L5/S1 as well as herniated nucleus pulposus contributing to mild canal stenosis. There is an indication that he has been treated with nonsteroidal anti-inflammatory medication, activity modifications, and a prescription for physical therapy. The actual performance of physical therapy is not documented, nor is there any documented epidural steroid injection or other forms of nonoperative treatment.

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

It appears this patient has suffered a herniated nucleus pulposus at the level of L5/S1. The MRI scan suggests that there is an element of facet arthropathy, which may be contributing to low back pain. There is also a suggestion of mild to moderate canal stenosis and compressive change present at the S1 nerve root on the right side. The nonoperative treatment is not well documented. Though physical therapy has been documented as prescribed, performance physical therapy is not at all documented.

**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.)