



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 07/19/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior/posterior L5/S1 discectomy with fusion.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering degenerative disc disease

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 referral forms
3. Fax cover sheets
4. Denial letters dated 06/10/09 and 06/24/09
5. Requestor records
6. Orthopedic Surgery clinical notes, eight entries between 08/07/08 and 06/02/09
7. Letter, Law Firm, 02/02/09
8. Benefit Review Conference notices, 03/17/09, 01/28/09
9. Order setting rehearing, 01/15/09
10. Clear Resolutions, Incorporated
11. Designated Doctor Evaluation, 08/04/08
12. Initial evaluation, D.C., 07/21/08
13. Therapy and Diagnostics
14. CMT/ROM

15. BHI-2 results, 01/20/09
16. Memorial MRI and Diagnostics, 04/14/09
17. Surgery reservation sheet
18. URA records including Diagnostic Center, 05/16/07
19. MRI scan, LS spine

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a xx-year-old female with the onset of low back pain related to an on-the-job injury occurring on xx/xx/xx. She has suffered low back pain with leg pain less involved. There are no physical findings suggestive of specific radiculopathy. She has undergone treatment including medications, activity modifications, and physical therapy. A discogram performed on 04/14/09 revealed specific degenerative disc disease at the level of L5/S1 with concordant pain. A recommendation for discectomy and fusion at the level of L5/S1 has been submitted for preauthorization. The recommendation has been considered, denied, and reconsidered and denied.

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

This patient suffers mechanical low back pain as a result of degenerative disc disease, which appears to be related to a single level of involvement at L5/S1. In a clinical note dated 06/02/09, the provider has responded specifically to the problem of ODG criteria. He has itemized the criteria utilized to recommend and select patients for discectomy and spine fusion. His analysis appears correct. The patient does have mechanical low back pain on the basis of degenerative disc disease identified at the level of L5/S1. She appears to be an appropriate candidate for discectomy and fusion. The criteria for the performance of that procedure as well as selection of the patient have been met, and the request should be approved.

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.)