



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 05/01/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar laminectomy, discectomy, foraminotomy, partial facetectomy, L4/L5

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. Forensic forms
2. TDI referral and forms
3. Denial letters, 02/10/09 and 03/02/09
4. Carrier records
5. Peer Review, M.D., 08/05/08
6. Requestor records
7. IRO submission
8. MRI scan, lumbar spine MRI scan reports, 11/06/07 and 04/01/09
9. Pain management transforaminal epidural steroid injection, 12/23/08
10. M.D., clinical record 11/26/08
11. M.D., 01/23/09, initial evaluation
12. Preauthorization request, 02/27/09
13. Patient demographics
14. URA records
15. IRO submission

16. Prior authorization request, 02/05/09
17. Approval letter, 12/10/08, for repeat cervical spine MRI scan
18. Appeal authorization request

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate male was struck an abutment or elevation in the surface and suffered a jamming axial injury to his spine. The patient had both cervical spine and lumbar spine symptoms. Initial evaluations resulted in diagnoses of cervical and lumbar strain syndrome. The patient has a past history of C5/C6 fusion. The patient has been evaluated by a number of physicians. He has been treated with activity modification and medications. He has had extensive evaluations including repeat cervical and lumbar spine x-rays and repeat noninvasive special imaging studies. The most recent lumbar spine MRI scan revealed pathology at three levels, L3/L4, L4/L5, and L5/S1 with varying degrees of potential compression of neural elements. Physical findings have suggested radiculopathy as symptoms have suggested. The prior request for preauthorization for lumbar laminectomy, discectomy, foraminotomy, partial facetectomy at L4/L5 have been denied, and reconsideration has resulted in denial.

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

The patient has symptoms which suggest radiculopathy and some physical findings which suggest radiculopathy. The special noninvasive imaging studies, however, have revealed pathology at three levels. In fact, the radiologist interpreted the most recent MRI scan as revealing most significant findings at L3/L4. There is disc pathology evident at three levels, and it is not clear how the symptoms, physical findings, and special imaging studies correlate. The likelihood of achieving a good or excellent result by performing laminectomy, discectomy, foraminotomy, and partial facetectomy at L4/L5 when the source of pain could be L3/L4 or L5/S1 is limited.

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.)