



Southwestern Forensic  
Associates, Inc.

**DATE OF REVIEW:** 05/10/09

**IRO CASE #:**

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

Inpatient lumbar surgery, revision lumbar spine surgery, hardware removal, exploration and repair as necessary, possible posterior instrumentation, and implantation of a bone growth stimulator.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of injured employees

**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. TDI Referral
2. URA findings, 3/31 to 4/20/09
3. Letter from attorney, 4/24/2009
4. Hospital notes, 8/1 to 8/15/2008
5. Home Aide/PCA visits, 10/17/2008 to 12/12/2008
6. Nursing visit notes, 9/9/08 to 12/3/2008
7. MD, office notes, 7/28/2008 to 1/19/2009
8. Imaging, lumbar MRI, 10/10/2003
9. Emergency Medical Services, ambulance report, 8/15/2008
10. PT notes, 8/29/2008 to 9/26/2008
11. Rehab notes, 8/15/08 to 8/28/08
12. MD, office notes, 11/7/2003
13. DC, office notes, 9/11/03 to 12/5/08

14. MD, office notes, 7/14/08 to 3/17/09
15. Surgical Center, ESI, 2/25/2009
16. LPC, office notes, 2/12/09
17. Hospital, Lower extremity Doppler study, 8/4/08
18. Hospital, Left ankle X-ray, 8/5/08
19. Hospital, blood and urine studies, 8/5/08
20. Hospital, chest X-ray, 8/12/08
21. Hospital, CT of the chest, 8/13/08
22. MD, consult, 8/1/08
23. Home Care, notes, 1/13 to 3/13/09

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

The patient is a male who fell on or about xx-xx-xx. He suffered multiple injuries. A lumbar spine fusion at L5/S1 with decompression was performed on 03/19/04 by Dr. The patient has been evaluated and treated extensively subsequent to this injury. He has been evaluated by a number of physicians including Dr., cardiologist, Dr., internist, Dr. chiropractor, Dr. pain management specialist, Dr., spine surgeon, M.D., neurologist, M.D., psychiatrist, , M.D., , M.D., and Dr., rehabilitation specialist at Rehabilitation. The patient most recently suffered the development of cervical spine pain and upper extremity pain with symptoms and findings suggestive of degenerative disc disease. In addition to this diagnosis, he has a number of diagnoses including hypertension, hyperlipidemia, hypothyroidism, gout, lumbosacral degenerative disc disease, obesity, and cardiovascular disease. He has undergone a quadruple cardiac bypass surgery. On 08/01/08 the patient underwent a corpectomy at C6 with fusion at C5 through C7. He was transferred to Rehabilitation Hospital post this surgery. During that hospitalization, he had a recurrence of low back pain during the rehabilitation phase. He has been continuously on high levels of narcotic medications subsequent to the 08/01/08 surgery and has been treated for depression. The patient's current low back pain is being attributed to painful hardware and possible pseudoarthrosis in spite of the fact that special studies have demonstrated achievement of the lumbar spine fusion. The special studies have also demonstrated anterior penetration of fixation screws, which is not uncommon. The patient further suffered a recent transient ischemic attack resulting in transient left hemiparesis. Most recently a recommendation was made to perform a revision surgery, removing what potentially is painful hardware, exploring the fusion site, repairing the fusion site as necessary, possibly re-inserting posterior instrumentation and implanting a bone growth stimulator. The request to preauthorize such surgery has been denied, reconsidered, and denied.

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

The anatomic etiology of this patient's current low back pain is not clearly established. Nonunion of the fusion performed in 2003 at the level of L5/S1 has not been confirmed. The patient suffers extensive comorbidities with medical problems of hypertension, hyperlipidemia, coronary artery disease having undergone extensive coronary artery bypass surgery, and recently he suffered a transient ischemic attack, which necessitated neurologic evaluation. The fact that this diagnosis has not been clearly established and

that the patient has significant comorbidities would mitigate against the performance of this surgery.

**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.)