



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 10/16/09

**IRO CASE #:**

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

Lumbar surgery with inpatient length of stay, including evaluation of anesthesia, lumbar laminectomy decompression, L3 through S1, 360-degree fusion at L4 through S1

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spine injury and lesions

**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. SWF forms
2. TDI referral forms
3. Denial letters, 09/15/09 and 09/28/09
4. Surgical diagnosis and procedure codes
5. Independent Review Organization findings, 05/27/09
6. M.D., clinical notes, 02/17/09, 07/14/09, and 08/25/09
7. Lumbosacral spine x-rays with flexion and extension laterals, 08/04/09
8. MRI scan of lumbosacral spines, 11/14/07
9. Electrodiagnostic studies, 04/13/09
10. Presurgical screening, 04/08/09 with psychological evaluation
11. Appeal letter, 09/16/09

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

The patient is a xx-year-old male who suffered an injury on xx/xx/xx. He has been evaluated and treated extensively for low back pain and left leg pain. An MRI scan on 11/17/07 demonstrated L5/S1 disc protrusion encroaching on the right L5 nerve root, moderate canal stenosis at L3/L4 with bilateral neural foraminal narrowing at L4/L5 and L5/S1. The patient has been treated with physical therapy, ultrasound, and epidural steroid injections without significant benefit. There is a stated problem with bladder dysfunction. The dysfunction itself is not defined as either urinary retention or incontinence. X-rays have been interpreted as revealing an instability pattern. There has been some suggestion of muscular weakness at the gastrosoleus and extensor hallucis longus on the left. Psychological evaluation has suggested the patient would be a suitable candidate for spine surgery. The request to perform an extensive decompression and fusion utilizing intervertebral disc cages and posterior instrumentation from L4 through S1 has been submitted, denied, reconsidered, and denied.

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

This is a problem of inconsistent definitions of instability and neural compromise. The onset of urinary bladder dysfunction has not been documented, and the etiology of the urinary bladder dysfunction has not been documented. The pattern of such has not been documented. This patient needs to be evaluated with a cystometrogram and other tests that a urologist or neurologist might consider appropriate. The consideration of using L4 through S1 with the potential and ill-defined instability above these levels could potentially worsen that circumstance. It appears that this patient has not been adequately evaluated at this time to justify the surgical procedure requested for preauthorization. The prior denials appear to have been appropriate and should be upheld.

**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.)