



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 including inpatient length of stay, lumbar laminectomy/discectomy, and arthrodesis with intervertebral disc cages, posterior instrumentation and implant of bone growth stimulator from 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 problems

**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. Forensics forms
2. TDI referral forms
3. Denial letters, 09/14/09 and 09/24/09
4. Requestor records
5. Itemized surgical codes
6. Independent Review Organization medical review, 07/31/09
7. M.D., clinical notes, 08/25/09, 03/17/09, 05/19/09
8. Lumbar spine x-rays with lateral flexion and extension x-rays, 08/13/09
9. Electrodiagnostic study, 06/25/09
10. Psychological evaluations including a presurgical evaluation 02/26/09 and 06/23/09
11. URA records including MRI scan of lumbar spine, 07/11/05
12. Lumbar x-rays, 07/11/05

13. M.D., evaluation 01/22/09
14. Physical therapy notes, 02/04/09, 03/06/09, 05/01/09
15. Clinic, 05/01/09
16. ODG/DWC abstracts from the low back chapter concerning spine fusion

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

This male fell on xx/xx/xx. He suffered lumbar spine and cervical spine symptoms subsequently. MRI scan of the cervical spines revealed C5/C6 and C6/C7 degenerative disc disease. The lumbar MRI scan revealed similar changes at L4/L5 and L5/S1 with contained herniations, disc space narrowing, and facet problems. There were marginal spurs in the lumbar spine region at L5, L4, and L3. He has been treated extensively with medications, physical therapy, epidural steroid injections. He has had multiple Designated Doctor Evaluations with various impairment ratings and dates of maximum medical improvement. Psychological evaluations have been performed. Neither psychological evaluation on 02/26/09 or 06/23/09 were particularly supportive of the performance of surgery. The patient was recommended to a chronic pain program with possible psychological further evaluation and treatment. Electrodiagnostic studies have reported consistent evidence of denervation and reinnervation involving right L5/S1 nerve roots as well as some inactive denervation potentials at the left S1 nerve root. The patient has received a recommendation for an extensive surgical procedure to include examination under anesthesia, lumbar laminectomy, discectomy at two levels, microdissection techniques, discography, arthrodesis, application of intervertebral biomechanical devices with bone graft, posterior instrumentation, anterior lumbar arthrodesis, bone growth stimulator, and reduction of subluxation. This recommendation has been considered and denied and reconsidered and denied.

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

The instability described on lateral flexion and extension x-rays does not appear to be sufficient to justify lumbar fusion. The extent to which symptoms are related to neural compressive disease is further not well substantiated. The patient does not appear to be a psychologically supported candidate for a major surgical procedure. Some of the justification for this surgical recommendation is based on an MRI scan of the lumbar spines performed in 2005. This would appear to be dated and probably should be repeated for more current applicability.

**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.)