



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Plasma disc decompression, L3/L4 and L4/L5 with decompression discectomy with fusion and neural foraminotomies, L5/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. SWF forms
2. TDI referral forms
3. Denial letters, 06/03/10 and 05/17/10
4. Letter from law firm to ___ regarding dispute resolution, 07/13/10
5. Surgery preauthorization request, 05/11/10
6. Clinical notes, 04/27/10, 10/30/09, 10/10/06, and 08/29/06
7. Notes related to phone call conversations, 09/06/07, 11/30/06, 08/07/07
8. MRI scan of lumbar spine, 03/15/10
9. Various fax cover sheets
10. Request for reconsideration, 05/08/06, 06/01/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a female with a history of decompression laminectomy/discectomy at L4 through S1 and autologous fat graft, L5/S1, right. The surgical procedure was performed 10/24/05 for lumbago low back pain. The patient has been re-examined on a periodic basis and most recently for low back pain, cervical pain, and lower extremity and upper

extremity pain with symptoms of tingling in both hands. There is no specific physical finding information documented. Various forms of treatment provided previously are not documented. There are no studies which demonstrate instability at L5/S1.

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

The most recent clinical evaluation includes little or no mention of physical findings indicative of nerve root compressive disease. There is no documentation of spinal segment instability. The MRI scan suggests the possibility of lateral recess compression of the right S1 nerve root with compression of both L5 nerve roots in the neural foramina as well as posterior annular disc bulges at L3/L4 and L4/L5 without neural encroachment. The request for the performance of plasma disc decompression and decompression discectomy with fusion and neural foraminotomies at L5/S1 has been considered and denied on two occasions. The denials appear appropriate. Plasma disc decompression is an experimental procedure that has little support in the literature other than case reports and small series reports. 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.)