



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 07/31/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4/L5 posterior lumbar interbody fusion

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering chronic 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 and memos
2. TDI referral forms and memos
3. Denial letters, 06/01/10 and 07/02/10
4. IRO request, 07/20/10
5. Navarri References for Screening Criteria
6. Associates statements for Workers' Compensation
7. X-ray report, right knee, 08/13/08
8. Family Medical Center clinical notes, 08/13/08, 08/20/08, 08/29/08, and 09/12/08
9. MRI scan, right knee, 08/22/08
10. Clinical notes, , M.D., 09/24/09, 08/14/09, 01/14/10
11. Churchill Evaluations, 11/24/08, 02/27/09, 04/16/09, and 05/07/09
12. Functional Capacity Evaluation, 12/08/08
13. MRI scan of lumbar spines and right knee, 08/25/09
14. Lumbar spine MRI scan, 04/06/09
15. Clinical note, , M.D., 04/23/09

16. IME, , M.D., 07/06/09
17. Clinical physician progress notes, thirteen entries between 07/29/09 and 03/15/10
18. Chiropractic initial evaluation and clinical notes, D.C., seven entries between 09/01/09 and 12/21/09
19. Pain Management Solutions, 09/01/09
20. EMG/nerve conduction study, 09/10/09
21. TWCC forms, thirteen entries between 09/25/09 and 04/28/10
22. Epidural steroid injection, 12/12/09
23. Operative report, anesthesia records
24. Multiple nursing records including pre-anesthesia and postoperative anesthesia records
25. Pain questionnaire
26. History and physical examination, Dr., 12/12/09
27. Physician orders, 12/12/09
28. Behavioral Service reports and Advanced Pain Center records, eleven entries between 01/18/10 and 07/09/10
29. Navarri Evaluations, 03/04/10 and 11/20/09
30. Designated Doctor Evaluation, 04/28/10
31. M.D., "To Whom It May Concern" letter, 05/26/10
32. URA records
33. Preauthorization requests, 05/26/10 and 06/28/10 for L4/L5 posterior lumbar interbody fusion
34. Patient demographics
35. New patient office notes, 03/04/10
36. Orders, 03/11/10
37. Behavioral Healthcare psychological evaluation, 05/17/10,
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INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is now a male who was squatted down when he initially felt pain in his right knee. The date of injury was xx/xx/xx. He had multiple symptoms in his right knee. This was extensively evaluated. It was treated with a knee support as a knee sprain. He had some evidence of degenerative osteoarthritic changes. Ultimately his right knee symptoms resolved. However, he began to develop low back pain and right lower extremity radiating pain. He has been extensively evaluated for these radicular complaints of pain. His past history includes two prior spine surgeries, 1988 and 1989. He has had multiple evaluations of his complaints of back pain and leg pain which have revealed no objective physical findings repetitively of radiculopathy. He has had acceptable response to straight leg raising. He has had no specific motor weakness, and he has been treated with physical therapy, chiropractic treatment, medications, activity modification, and epidural steroid injections. His symptoms are persistent. There are no findings suggestive of instability. He has had MRI scan findings suggestive of recurrent herniated nucleus pulposus at the level of L4/L5 manifested as residual bulging. There has been no documented nerve root impingement.

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

There are no findings suggestive of instability of the spine at the level of L4/L5. There are no findings suggestive of nerve root compressive problems which would require decompression as a revision of prior lumbar surgery. At the present time, in the absence of instability or radiculopathy on the basis of nerve root compression, it would appear that this patient is not an acceptable candidate for the specific procedure of L4/L5 posterior lumbar interbody fusion.

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.)