Southwestern Forensic Associates, Inc.

REVIEWER'S REPORT
CASE NUMBER

DATE OF REVIEW: 12/30/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Left L4/L5 and L5/S1 laminectomy/discectomy with re-exploration

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients with spine problems

REVIEW OUTCOME:
"Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

_____Upheld (Agree)

__X __Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:
1. SWF forms
2. TDI forms
3. Fax cover pages
4. Denial letters dated 10/16/09 and 11/30/09
5. To Whom It May Concern clinical note, 11/09/09
6. Clinical notes from xxxx, 10/08/09 and 07/23/09
7. MRI scan, 06/26/09
8. clinical notes, 07/07/09, 07/10/09, 07/17/09, 02/13/07, 02/27/07, and 03/07/07
9. Preauthorization form, 10/13/09
10. Surgery scheduling form, 10/08/09
11. Preprinted orders
12. X-rays, lumbar spines, 10/08/09
13. Reconsideration request, 11/12/09
14. Surgery scheduling, 10/08/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
The patient is a male who suffered an injury to the lumbar spine on xx/xx/xx. He underwent a laminectomy at L4 through S1 in September 2006. After this surgical procedure, he apparently did reasonably well and was able to return to work. He had a recurrence of pain sometime in July 2009. His physical findings would suggest radiculopathy. He has documented weakness of the extensor hallucis longus. An MRI scan revealed herniated discs at levels L4/L5, L5/S1 with nerve root compression. He has been treated subsequent to the recurrence of symptoms with a program of physical therapy, medication, and activity modifications. His symptoms are persistent. Previously there has been some confusion as to the actual procedure that was being requested, and it appears from the request for review by an independent review organization that the procedure being requested is a left-sided L4/L5, L5/S1 laminectomy and probable discectomy with re-exploration. Such a procedure would appear to be indicated.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:
It appears that this patient has had a recurrence of pain subsequent to a laminectomy performed in September 2006. He also has some evidence of radiculopathy and an MRI scan which confirms herniated nucleus pulposus at two levels with compressive compromise of nerve roots. A left-sided laminectomy, exploration, and probable discectomy appear indicated and should be authorized. The prior denials may well have occurred as a result of some confusion as to the surgeries that were being requested.

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.
__X__ Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
_____Mercy Center Consensus Conference Guidelines.
_____Milliman Care Guidelines.
__X__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.)