



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 09/27/10

**IRO CASE #:**

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

Lumbar spine surgery including laminectomy, discectomy, arthrodesis with cages, posterior instrumentation at L5/S1 including 63030, 63035, 69990-99, 22612, 99220, 22851, 20938, 22840, 22558, and 22325 with two-day inpatient length of stay

**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 and memos
2. TDI referral forms
3. Insurance Company fax cover sheets
4. Denial letters, 08/30/10 and 09/10/10
5. Requestor records including itemized surgical codes
6. M.D., clinical note 12/08/09
7. Review MRI scan, 12/08/09
8. Presurgical clearance, 07/20/10
9. Healthcare System clinical notes, fifteen entries between 05/28/08 and 11/18/09
10. Operative report, 11/13/08 and 10/13/09
11. Epidural steroid injections, M.D.
12. M.D. clinical notes, 09/21/09 and 10/27/08, pain consultants

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13. URI records
14. Prime preauthorization request, 08/30/10
15. Peer Review report, 09/07/10
16. Fax cover sheet

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

The examinee is a male who suffered a straining injury of the lumbar spine when attempting to lift a heavy box on xx/xx/xx. He has been treated for lumbar strain syndrome with complaints of back pain and right leg pain. He has failed conservative treatment including physical therapy, medications, epidural steroid injections, and specific exercise programs. An MRI scan revealed an extruded disc fragment at L5/S1. Physical examination revealed straight leg raising test positive with crossed leg referral from left to right side, sciatic notch tenderness, absent posterior tendon jerk reflex, decreased ankle jerk reflex on the right, paresthesias within the L5/S1 nerve root distribution on the right, and weakness of the gastrosoleus muscle on the right. A prior request for extensive lumbar surgery at L5/S1 including a 360-degree fusion was considered, denied, reconsidered and denied.

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

The necessity for a 360-degree fusion to be performed at L5/S1 has not been established. Although there is pathology at this level, the necessity for a 360 degree fusion has not been established. The prior denials of this request for decompression and 360-degree fusion at L5/S1 were 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.)