



Southwestern Forensic  
Associates, Inc.

Amended July 8, 2011

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 07/03/11

**IRO CASE #:**

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

Lumbar spine laminectomy/discectomy with posterior instrumentation

**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. Certification of independence of the reviewer
4. P.C, letters and forms dated 06/17/11 with a medical summary dated 06/24/11
5. Denial letters, 05/25/11 and 06/07/11
6. Carrier records
7. ODG Low Back Chapter passages on spinal fusion
8. M.D., clinical notes, five entries between 12/21/07 and 02/14/08
9. TWCC-73 forms, nine entries between 12/21/07 and 05/10/11
10. CT scan of the abdomen, 02/01/08
11. MRI scan, lumbar spines, 02/13/08
12. M.D., clinical note, 03/03/08
13. Epidural spinal injection clinical notes, 05/21/08, M.D.
14. M.D., and D.O., 06/18/08, second epidural steroid injection

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15. M.D. 07/28/08 and 08/25/08
16. EMG/nerve conduction study, 08/19/08
17. M.D., clinical notes, 09/15/08 through 06/29/09, including 02/04/09, lumbar discography
18. Psychological evaluation, 10/14/08
19. Radiology report, 02/04/09, discography, interpretation only
20. Discharge instructions, 02/04/09
21. Hospital clinical chart record including EKG, medical education form, progress notes, M.D. orders, nurses' notes, anesthesia records, preoperative and postoperative records, operating room records for admission 02/04/09
22. Denial letters, 03/05/09 and 04/20/09
23. Designated Doctor Evaluation, M.D., 05/28/09
24. Clinical note, 05/28/09
25. Literature, MDANet.com
26. TWCC-69 form, 05/28/09
27. Denial letters, 07/08/09, 07/07/09, 07/23/09
28. Notice of IRO Decision, 08/24/09
29. Designated Doctor Evaluation, 02/02/10, M.D.
30. Contested Case Hearing Decision, 03/03/10
31. MRI scan, lumbar spine and cervical spine, 10/18/10
32. M.D., 10/19/10 through 05/10/11, four entries
33. Operative report, 12/20/10
34. ACDF, C4/C5 and C5/C6
35. Pathology report, 12/10/10, cervical disc
36. Physical therapy prescription, 02/15/11
37. Solutions, Peer Review, 02/21/11
38. Physical therapy evaluation, 02/25/11
39. Medications list
40. Physical therapy daily records, multiple entries with physical therapy reports, multiple entries
41. Re-evaluation physical therapy, 03/31/11 and 04/28/11
42. Notice of physical therapy approval
43. Requestor records including preauthorization requests

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

The patient is a male who suffered a straining injury on xx/xx/xx. He had symptoms suggestive of lumbar strain while lifting a file cabinet, standing on a ladder. He also had symptoms suggestive of cervical and upper extremity strain. He was evaluated on a number of occasions by a number of physicians. He was felt to have suffered a degenerative disc complication at the level of L5/S1. He was diagnosed with herniated nucleus pulposus at this level and right inguinal hernia. A lumbar discogram was performed on 02/04/09, confirming degenerative disc disease at the level of L5/S1. On a number of occasions, percutaneous discectomy was recommended and denied. He developed cervical symptoms and underwent evaluation concluding cervical degenerative disc disease leading to a two-level cervical fusion including C4/C5 and C5/C6. This surgery was performed. He subsequently was evaluated more extensively for his lumbar

spine complaints and lower extremity complaints. The medical records do not include documentation of the percutaneous discectomy, which has been included in some clinical notes. It would appear that such was not performed. There is no documentation of flexion/extension lateral x-rays. The current request is for an extensive lumbar fusion at the level of L5/S1 including internal fixation device implantation and assistant surgeon with two-day length of stay in the hospital. This request has been considered and denied, reconsidered and denied.

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

This patient suffers extensive degenerative disc disease involving both cervical and lumbar regions. The current analysis and evaluation do not include clear documentation of radiculopathy, and there is no indication of instability. Lumbar fusion is not justified in the absence of motion segment instability documentation. The prior denials were appropriate and should be upheld.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

- 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
- 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.)