



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 06/18/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar surgery, L4/L5/S1 with revision lumbar fusion, hardware removal, exploration and repair

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of individuals 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. IRO Forms
2. Certification page
3. Referral forms
4. Denial letters, 05/12/11 and 05/25/11
5. Carrier records
6. Clinical notes, M.D., 05/03/11 and 09/09/09
7. M.D., multiple clinical notes, nineteen entries between 11/11/09 and 04/19/11
8. D.C., multiple clinical notes, thirteen entries between 07/23/09 and 04/05/11
9. RME evaluation, 05/25/10, M.D.
10. Additional, M.D. clinical records, nine entries between 08/28/08 and 10/07/09
11. M.D., four clinical entries between 12/09/08 and 10/15/09
12. M.D., clinical records, Provider, including physical therapy progress notes between 07/16/08 and 07/09/09 with Functional Capacity Evaluation 05/18/09
13. TWCC 73 forms, M.D., six entries between 06/24/09 and 06/05/06

14. TWCC 69 forms, 12/09/08
15. M.D., 09/08/08
16. M.D. no date
17. M.D., clinical notes, eleven entries between 10/10/07 and 03/20/09
18. Operative report, 12/22/08
19. Psychological evaluation, 10/27/08, M.S.
20. M.D., pain management, clinical note 10/23/08
21. Psychological evaluations and progress notes, M.S., eight entries between 07/30/08 and 10/21/08
22. M.D., Designated Doctor Evaluation, 09/08/08
23. M.D., clinical note, 08/14/08
24. TWCC 69, 07/02/08, D.C.
25. Provider, medical evaluation for MMI and whole person impairment rating
26. Ph.D., psychological evaluation, 05/07/08
27. Clinical notes, illegible provider, nine entries between 06/05/06 and 09/28/09
28. TWCC 69, M.D., 07/09/07
29. TWCC 73, M.D., 07/09/07
30. Provider, 04/07/07
31. Clinic, M.D., four entries between 09/21/06 and 03/05/07
32. MRI scan, lumbar spines, 02/19/07
33. TWCC form 73, M.D., 11/22/06 and 09/22/06
34. Operative report, 11/06/06
35. M.D., 10/25/06
36. EKG and lab work, 10/25/06
37. Letter of medical necessity for DME equipment, 09/06/06
38. M.D., clinical notes, 08/23/06, with epidural steroid evaluation and evaluation 08/09/06
39. X-ray pelvis, 06/30/06
40. MRI scan, LS spine, 06/30/06
41. MRI scan thigh, 06/30/06
42. Employer's request to change treating physicians, 07/10/06
43. M.D., 06/26/06, 06/19/06, and 06/21/06
44. Requestor records, clinical record, 05/03/11 and 09/29/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a XX-year-old male who suffers persistent low back pain, intermittent bilateral leg pain more severe on the right than on the left. He has undergone at least three lumbar surgeries. The first surgery occurred in childhood, and it is not clear which procedure was performed. The patient suffered a straining injury to the lumbar spine on XX/XX/XX. He underwent a second spine surgery on 11/06/06. This surgery was described as a re-do L5/S1 hemilaminectomy, medial facetectomy, and decompression neurolysis. This procedure was performed by Dr.. Prior to the performance of this surgery, an MRI scan performed on 06/30/06 demonstrated the presence of a penile prosthesis. The patient suffered persistent spine pain. He complained of sexual dysfunction with erectile dysfunction and urinary incontinence. He underwent a second spine surgery on 12/22/08 performed by Dr. M.D. This surgery was described as a partial

corpectomy, L4 through S1, with fusion and plating. He has had radiographic evidence of penetration of the posterior screws into the anterior aspect at L4, L5, and S1. The patient has had persistent complaints of lumbar spine pain and bilateral intermittent leg pain, more severe on the right than on the left. He has no circumferential atrophy, and neurological evaluation does not confirm radiculopathy. The current recommendation is for removal of the malpositioned lumbar posterior hardware and screws which penetrate anteriorly as well as exploration of the lumbar spine fusion and possible additional surgery. 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 has had an extensive evaluation by a number of physicians. He has probably some form of congenital spinal problems for which he underwent surgery in childhood. He has had a penile prosthesis implanted for sexual dysfunction prior to the initial surgical procedure after the date of injury, XX/XX/XX. His first surgery was performed 11/06/06, and the penile prosthesis was documented on an MRI scan on 06/30/06. The patient has had complaints of urinary incontinence. It would appear that he suffers a failed back syndrome with sympathetic and parasympathetic dysfunction. Urometrics are not present. This patient has persistent symptoms after three lumbar surgical procedures. It is unlikely that he would be provided with symptomatic relief after yet another surgical procedure. It would appear that 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:

(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.)