



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 09/18/11

**IRO CASE #:**

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

Decompression, posterior lumbar fusion with pedicle screw fixation, L2/L3

**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. forms
2. referral forms
3. Certification page
4. Letter 09/01/11
5. Denial letters, 08/20/11 and 08/16/11
6. Request for surgical preauthorization, 08/11/11
7. Workers' Compensation information data
8. Medications between 06/08/09 and 08/10/11
9. Clinical notes, 07/28/11, 06/30/11, and 06/02/11
10. MRI scan of lumbar spines, 08/7/11
11. Lumbosacral spine x-rays, 07/28/11
12. Fax cover sheets, 07/12/11 and 06/10/11

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

The injured employee is a male injured on xx/xx/xxxx. The mechanism of injury is not documented. The examinee has had a number of spine surgeries including a 360-degree fusion of L3 through S1. He has had internal fixation hardware removal. Currently he is being treated for persistent complaints of lumbar pain and lower extremity pain radiating into the medial aspect and anterior aspects of the left thigh medially. The request is for a decompression and posterior fusion including pedicle screw fixation at the level of L2/L3 in association with a posterior decompression. This request has been considered and denied; it was reconsidered and denied.

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

The medical information included with this request to reconsider the surgical preauthorization request documents no physical findings. There are complaints of pain in the anteromedial aspect of the left thigh and low back pain. There are radiographic suggestions of pathology at the level of L2/L3 including facet arthropathy and possible moderate canal stenosis as well as degenerative disc disease. Pathology at this level has been implicated as the source of painful symptoms. The extent to which canal stenosis is affective in producing physical findings has not been documented. Instability at this level has also been not documented. The flexion/extension lateral x-rays did not demonstrate typical instability findings as interpreted by the radiologist. It would appear that the prior denials of this request to preauthorize decompression and spine fusion at the level of L2/L3 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
- 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.)