



Southwestern Forensic
Associates, Inc.

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE: September 25, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L5/S1 laminectomy/discectomy, fusion with cages, posterior instrumentation with inpatient length of stay two days as medically necessary

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spinal degenerative disc disease and traumatic injuries

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

The reviewer finds that the previous denials of the request for L5/S1 laminectomy/discectomy, fusion with cages, posterior instrumentation with inpatient length of stay two days were appropriate and should be upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

The itemized list of 870 medical records that were reviewed includes the following:

8005 Pinto Path
Austin, TX 78736
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1. TDI Referral information
2. Denial Information
3. Carrier's cover letter with position summary
4. ODG Treatment Guidelines, Back and Pain
5. PNL-11 dated 4/2/12
6. MD, MD, MD, 5/25/10
7. MD, Brad Smith, DC, MD, Physical Med, 5/26/10-6/1/10
8. Diagnostics, 10/18/10
9. MD, Clinic, 6/10/10-11/15/10
10. Health Services, 10/13/10
11. DC, Country, 10/27/10-7/12/12
12. Laboratories, 11/12/10, 11/24/10, 12/10/10, 3/3/11
13. DC, Evaluation Center, 10/26/10-9/20/11
14. MD, DO, Advantage, 11/12/10-7/27/12
15. MD, 11/4/10, 4/19/11, 10/31/11
16. MD, 12/6/10, 8/10/11
17. MD, 4/4/11
18. Toxicology, 5/27/11-6/29/12
19. DC, 4/12/11-6/4/12
20. MD, Pain Center, 8/4/11-5/11/12
21. MD, Choice Lab, 10/28/11-7/27/12
22. Rehab, 11/1/11-1/13/12
23. DC 1/9/12
24. MD, 1/17/12-3/22/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a who suffered cervical, lumbar, and right shoulder injuries in a rollover motor vehicle accident on xx/xx/xx. The injured employee was a passenger in the rear seat of a truck which rolled over. He suffered a laceration over his forehead. He complained of upper extremity pain, cervical and lumbar pain. He was initially evaluated in an emergency room and discharged. He has subsequently undergone extensive evaluation and treatment. He has diagnoses of cervical strain/sprain syndrome with degenerative disc disease at C5/C6 and C6/C7. He suffers right shoulder sprain and chronic lumbosacral pain. His MRI scan of the lumbar spine dated 04/04/11 revealed L4/L5 central disc protrusion slightly indenting the thecal sac and bilateral neural foraminal narrowing at L5/S1 greater on the left side. He has had fairly consistent sciatic-like pain and findings in the right lower extremity. The examinee has diminished range of lumbar spine motion, weakness in the gastrosoleus muscle group, diminished tibialis posterior tendon jerk bilaterally, and hypoactive ankle jerk on the right side. A recommendation has been made for L5/S1 laminectomy/discectomy, fusion with cages, posterior instrumentation, and inpatient two-day length of stay. This request was considered and denied; it was reconsidered and denied.

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

It would appear that the individual has a severe problem with chronic pain. He has undergone local nerve block injections in the lumbar spine region which were reported to have only worsened his pain. He has undergone work hardening program and has been involved in an extensive chronic pain program with group therapy. He reports anxiety, depression, and extensive stress reaction. The documentation of lumbar instability has not been provided in the form of specific radiology reports. It would appear that the previous denials of this request were appropriate and should be upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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.)