

IRO America Inc.

An Independent Review Organization

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DATE OF REVIEW: APRIL 26, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L4-5 and L5-S1 360 degree fusion LOS unspecified

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

Board Certified Orthopedic Surgeon

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Lumbar spine MRI, 03/09/06

Intradiscal Marcaine and steroid injection, 09/22/06

Later lumbar spine x-rays, 09/22/06

Lumbar discogram, 09/22/06

Post discogram, CT, 09/22/06

Office note, Dr. 03/08/07

Denial, Dr. 03/21/07
Denial, Dr. 03/28/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male roofer who fell off of the roof. The lumbar MRI of 03/09/06 showed a 2-3 millimeter central disc bulge versus protrusion at L5-S1 slightly indenting upon the thecal sac. A 2 millimeter broad based disc bulge causing slight to moderate canal stenosis at L4-5. There was slight lateral recess stenosis bilaterally. Slight anterior wedging of L1 vertebral body associated with desiccation of the disc material at T12-L1 and Schmorl's nodes were noted. The 09/22/06 Marcaine challenge test to L4-5 and L5-S1 revealed mild to moderate pain relief. The 09/22/06 lumbar spine x-rays slight compression deformity involving L1 vertebral body superiorly associated with slight disc space narrowing. The 09/22/06 three level lumbar discogram was normal at L3-4 and positive at L4-5 and L5-S1. A radial tear was noted at L4-5 and annular tear at L5-S1. The 09/22/06 post discogram CT of the lumbar spine showed a normal L3-4 level, abnormal level at L4-5 with mild to moderate concordant back pain and positive provocative test, a 2-3 millimeter disc bulge versus protrusion with radial annular tear on left side with extravasation of contrast. Abnormal discogram at L5-S1 with moderate to severe concordant back pain and positive provocative test and a 2-3 millimeter disc bulge versus protrusion posteriorly with irregular expansion of nucleus pulposus was noted.

The claimant was seen by Dr. on 03/08/07 for complaints of low back pain and left leg pain. The claimant reported a three year history of treatment with multiple providers over the years including diagnostic testing, epidural steroid injections with no benefit, medications and physical therapy. Exam findings revealed no weakness, midline tenderness from L4 to S1, and intact reflexes. Straight leg raises was 82 degrees on the right and left was 80 degrees. Lumbar range of motion was restricted. Dr. reviewed the 03/09/06 lumbar MRI, 09/22/06 discogram and post CT scan, and the 09/22/06 Marcaine Challenge Test. Diagnosis was a 360 L4-5, L5-S1 fusion.

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

The claimant is a male with persistent back pain following a fall from a roof on 04/08/04. He has not responded to conservative treatment. The records reflect that the claimant has been seen by Dr. on a single occasion. While this is a difficult problem to manage, however the request for fusion cannot be recommended as medically necessary. There are some degenerative changes on the 2006 lumbar MRI but the records do not document x-rays with flexion/extension views to document that there is instability. The 09/22/06 three level discogram was positive at two levels; however; a discogram is not a good indicator of surgical condition. The claimant's examination is unremarkable from a neurological standpoint. Fusion in the absence of instability has not been proven highly effective for discogenic back pain. Many patients do not achieve the expected pain relief and many do not have a significant increase in functionality. For these reasons the request cannot be recommended as medically necessary.

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 JUDGEMENT, 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

- ACOEM Guidelines, chapter 12, page 310
- Official Disability Guidelines, Treatment in Work Comp, Updated 2007