



Specialty Independent Review Organization

**DATE OF REVIEW:** 04/25/07

**IRO CASE #:**

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

The services under dispute include the following: An interbody fusion and discectomy L5-S1. Interbody fixation L5-S1, posterior internal fixation, bone graft, allograft, autograft in situ, bone graft, autograft, iliac crest and bone marrow aspirate with 1 day LOS.

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

The reviewer is a board certified physician who specializes in Orthopedics with greater than 15 years of experience.

**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 disagrees with the previous adverse determination regarding all services under dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Letters: 12/29/2006 and 1/10/2007.

Records Doctor/Facility:

MD, Reports: 1/13-10/20/2006.

WDI/ODI Radiology, MRI: 4/27/2006.

Post Discogram CT Scan: 2/27/2004.

Specialties, MRI: 7/18/2003.

Additional Records, Carrier:

MD, Progress Notes: 6/24 – 11/20/2003.

MD, Reports: 5/23/2003 – 12/1/2005.  
Rehab, Report: 7/2/2003.  
Specialties, X-Ray: 6/26/2003.  
Orders/Progress notes: 5/23/2003.  
MD, Reports: 11/19/2003 – 3/8/2005.  
MD, EMG: 2/12/2004.  
DO, Reports: 8/3/2004 and 2/1/2005.  
Letters: 2/13/2004 and 4/20/2005.  
PT Notes: 5/9 – 5/13/2005.  
Report: 5/2/2005.  
Positive Pain Management, Reports: 4/8 – 5/10/2005.  
MD, Reports: 8/29 to 10/24/2005.  
FCE: 4/4/2004.  
MD, Report: 2/23/2007.  
MD, EMG: 2/27/2007.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This male injured his low back. He was walking through some property where he works as a leasing agent and dropped his pen. When he bent over to pick up the pen, he was bitten by a Copperhead. While trying to shake the snake loose, he slipped on the wet grass and fell backwards with immediate low back pain with radiation down both legs, right greater than the left.

Patient went to Emergency Room, X-rays were taken, and he was admitted for one day because of the snake bite. The patient has continued to have low back pain with pain down the right leg. Conservative treatment has included medication, physical therapy, 2 courses of work hardening, and repeated ESIs. He also had pain management in February 2005. Patient has also been performing home exercises.

Patient describes the pain as being in the low back radiating down the lateral aspect of the right leg to the calf. Pain is constant, intermittent, gnawing, dull, sharp, and burning. Physical Examination reveals generalized tenderness in the lumbar area with decreased range of motion. Lumbar flexion angle is 55 and extension angle is 15. These are both abnormal. There is decreased sensation on the right L5-S1 dermatome. Straight leg raise is painful on the right. MRI on 07/18/2003 revealed a central PNP at L5-S1 and decreased intensity at L4-5. CT Discogram on 02/27/2004 revealed extravasation of the contrast at L5-S1 with concordant pain. EMG was reported as normal. A repeat MRI on 07/27/2006 revealed facet hypertrophy with foraminal stenosis at L4-5 and 5-S1 with a bulging disc at L5-S1. On 02/27/2007 an EMG/NCV revealed bilateral L5-S1 radiculopathy.

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

This male has had pain in the low back radiating down the right leg for over two years. Conservative treatment has been extensive and has failed. The diagnostic tests reveal radiculopathy of the L5-S1 nerve root along with imaging evidence of foraminal stenosis.

According to Campbell's Operative Orthopedics, if non-operative treatment for lumbar disc disease fails, the next consideration is operative treatment. In Wetzel & Hanley it is reported that patients who have not benefited from conservative care, the decompression and fusion is the treatment of choice. The anticipated outcome is good in 85% of the patients. Bucholz states that the treatment for stenosis is imaging studies, spondylosis, neurologic deficit, and decompression with fusion. The patient fits these criteria.

**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) CAMPBELL'S OPERATIVE ORTHOPEDICS, 10TH EDITION