



IMED, INC.

1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

NOTICE OF INDEPENDENT REVIEW DECISION

IRO REVIEWER REPORT

DATE OF REVIEW: 04/23/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Transforaminal lumbar interbody fusion at L2-L4, posterolateral fusion using iliac crest autograft.

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

Texas License and currently on TDI DWC ADL.
Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

Denial upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. 02/24/06 –Orthopedic Institute, LLC, APRN-BC, FNP, & M.D.
2. 05/02/06 –Medical Imaging Center, M.D.
3. 05/26/06 – Lower extremity electromyography by M.D.
4. 07/12/06 –Orthopedic Institute, LLC, APRN-BC, FNP, & M.D.
5. 07/21/06 –MRI Imaging M.D.
6. 07/24/06 – Lumbar MRI, M.D.
7. 08/03/06 Thru 03/13/07 –Orthopedic Institute, LLC, APRN-BC, FNP, & M.D.
8. 10/19/06 – Operative report, M.D.
9. 12/21/06 – Operative report, M.D.
10. 03/12/07 – Psychological presurgery evaluation, Ph.D.
11. 03/26/07 – Rebuttal letter from APRN-BC, FNP, M.D.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The employee was injured. The employee was working in an oil field and was caught between pipes. The initial complaint was low back pain that radiated down the right leg.

The medical records provided for this review do not contain any records of the employee's early care. Dr. an orthopedic spine surgeon, examined the employee on 07/12/06 and noted a normal gait pattern, normal toe and heel walk, and normal range of motion of the lumbar spine. There were symmetrical reflexes and strength in the bilateral lower extremities. The employee did have diminished sensation of the right lower extremity over the L5 and S1 dermatomes to the foot. The employee had positive straight leg raising on the right side in the L5 and S1 distribution.

An MRI performed at Medical Imaging on 07/21/06 reported a 3 mm right subarticular and foraminal disc herniation at L3-L4 with narrowing of the right neural foramen.

Dr. prescribed epidural steroid injection that were performed on several occasions by Dr. and Dr. The injections alleviated the discomfort for a short period. A right sided L5 transforaminal injection on 10/19/06 alleviated the right lower extremity radicular component completely.

A discogram was performed by Dr. on 12/21/06 at Orthopedic Institute. Dr. reported concordant pain in the back and right leg at L3-L4. There was an annular disruption on the right and posterior tear leak. The volume of injection was 1.3 cc. The L4 disc was normal.

Dr. has now proposed a TLIF procedure at L2-L3 and L3-L4 with an interbody bone spacer and posterior stabilization using pedicle screw fixation.

Dr. a psychologist, conducted an evaluation on 03/13/07 and found that the employee had no psychological indicators that would preclude his surgery.

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

Recognized guidelines including those from *ACOEM Guidelines* and *Official Disability Guidelines* recognize that lumbar discography and lumbar arthrodesis are occasionally indicated. Peer review studies report questionable results from arthrodesis in the presence of simple back pain. Although this employee had a mildly positive discogram at L3-L4, this does not provide an indication for an arthrodesis surgery. The previous denial was based upon the lack of psychological evaluation. Although this is advisable, the presence of a positive psychological evaluation does not provide indication for surgery. If the indications were questionable, the psychological condition might be significant. In this case, this employee has no indications for an arthrodesis other than an internal disc disruption with a fissure at L3-L4. This is not an indication for an arthrodesis surgery using recognized guidelines.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the

review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

A. *ACOEM Guidelines*

B. *Official Disability Guidelines*