

Clear Resolutions Inc.

An Independent Review Organization
3616 Far West Blvd. Suite 337-117
Austin, TX 7831

DATE OF REVIEW:
APRIL 4, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Anterior lumbar interbody fusion at L5-S1, posterior lumbar decompression with posterolateral fusion and pedicle screw instrumentation at L5-S1

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

Board Certified in Orthopedic Surgery

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

Peer reviews 11/20/06, 02/23/07
X-ray lumbar spine 10/19/05, 11/07/06
MRI lumbar spine 12/02/05,
Chiropractic office notes 10/31/05, 11/01/05, 02/17/06, 02/22/06
Lumbar myelogram 04/14/06
Post CT myelogram 04/14/06
Lumbar discogram 11/07/06
Office note Dr. 12/13/05
Operative report 01/20/06

Dr. office notes 03/31/06, 04/26/06, 05/23/06, 09/29/06, 11/09/06

Dr. office note 08/31/06

PA- C office note 10/12/06

PATIENT CLINICAL HISTORY [SUMMARY]:

This Machine Operator reportedly sustained a low back injury . The records indicated that the Patient complained of low back greater than leg pain and was diagnosed with lumbar spondylolisthesis of L5-S1 with spondylolysis of L5 bilaterally, lumbar disc displacement, lumbar degenerative disc disease, lumbar radiculitis and lumbago. A lumbar MRI on 12/02/05 showed mild anterolisthesis at L5 on S1 with underlying facet disease and mild degenerative changes at L2-3 and L3-4. X-rays showed a Grade I spondylolisthesis at the L5- S1 level. A CT myelogram on 04/14/06 showed evidence of bilateral spondylolisthesis at L5- S1 and a small disc bulge at L4-5. Conservative treatment included medications, chiropractic care, physical therapy and injections with little benefit. Surgery in the form of a lumbar fusion at the L5- S1 level was recommended and denied twice by the insurance carrier.

A discogram on 11/07/06 revealed a fissure with concordant pain reproduction at the L3-4 and L4-5 levels and a fissure with only pain elicited with injection at the L5- S1 level. Lumbar flexion and extension x-rays done on 11/07/06 showed a Grade I anterolisthesis of L5 on S1 and bilateral spondylosis at L5 .

The treating physician noted on 11/09/06 that the Patient had constant right greater than left low back pain associated with numbness and tingling along the lateral thigh and calf. The sensory examination revealed a hypoesthetic region at L5 and S1 distributions on the right. The discogram of 11/07/06 was reviewed by the treating physician and interpreted as concordant pain at the L5- S1 level and non concordant at the L3-4 and L4-5 levels. The physician again recommended surgery in the form of an anterior lumbar interbody fusion, posterior lumbar decompression with posterolateral fusion and pedicle screw instrumentation at the L5- S1 level.

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

It appears from the medical records that this Patient has degenerative disc disease with mild anterolisthesis at L5-S1. He has undergone a number of different diagnostic studies showing spondylolysis at L5-S1 with a mild amount of anterolisthesis, although there does not appear to be any evidence of nerve root cut off or structural instability on flexion/extension stress lateral x-rays. There was an 11/07/06 lumbar discogram, which to my reading seems to indicate that there was concordant pain at L3-L4 and L4-L5 as well as pain at L5-S1. When the patient goes back to see Dr. neurosurgeon, he notes that the discogram was negative at L3-4 and L4-5, but positive at L5-S1. It is based on this discogram and the previous x-rays and failure of conservative care that he recommends surgery at the L5-S1 level.

It is possible that there has been a typographical error in the discogram and it was truly normal at L3-L4 and L4-L5, and abnormal concordantly at L5-S1. If that was the case, then surgery would be appropriate. However, there is no documentation that Dr. went back and had the discogram report corrected, nor is there any indication that the discogram physician went back and corrected the discogram. Therefore, based on a discogram report documenting abnormality at the lower three lumbar levels, the Reviewer cannot find medical necessity for the single level L5-S1 requested surgery.

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)**