

# P&S Network, Inc.

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**DATE OF REVIEW:** August 20, 2007

**IRO CASE #:**

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

This case was reviewed by a Orthopedic Surgeon. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE AND OUTCOME**

Inpatient lumbar laminectomy, discectomy, arthrodesis, posterior instrumentation with - **PARTIALLY OVERTURNED** cages.

Bone stimulator(EBI) at L3-L4,L4-L5,L5-S1. - **UPHELD (Agreed)**

2 Day LOS - **OVERTURNED (Disagreed)**

## **REVIEW OF RECORDS**

- o Submitted medical records were reviewed in their entirety.
- o June 28, 2007 utilization review letter from
- o July 17, 2007 utilization review letter from
- o May 1, 2007 report, M.D.
- o June 19, 2007 report, M.D.
- o December 15, 2006 lumbar spine MRI report, M.D.
- o May 17, 2007 report, D.C.
- o February 6, 2007 report, D.C.
- o July 31, 2007 response regarding disputed services from
- o July 10, 2007 fax cover sheet from, M.D. regarding an appeal of the denial
- o July 3, 2007 letter, M.D.
- o May 17, 2007 electrodiagnostic report, D.C.
- o April 27, 2007 MMI determination and impairment evaluation, D.C.

## **CLINICAL HISTORY SUMMARY**

The patient is a female who sustained an injury on xx/xx/xx involving the lumbar spine. She reports complaints of low back pain and intermittent radiation to both legs. According to a May 1, 2007 report, the patient has had previous lumbar spine sacral surgery for lipoma removal about the right sacroiliac joint in 2001.

A lumbar spine MRI was performed on December 15, 2006 with an impression of a 3.0 mm right foraminal disc herniation at the L3-4 level narrowing the right neural foramen; degenerative disc disease at L4-5 with segmental instability with a severe 1.0 cm left subarticular disc extrusion noted with a free fragment dissecting superiorly posterior to L4 flattening the thecal sac and compressing the left L5 nerve root; moderate narrowing of the left with mild narrowing of the right neuroforamen at the L4-5 level; and L5-S1 4.0 mm annular disc bulge with spondylosis and moderate bilateral foraminal narrowing identified.

The patient has undergone conservative management in the form of chiropractic care, activity modifications, work conditioning, and medication. On April 27, 2007 she underwent an evaluation for determination of MMI status. This report notes a family and social history of smoking one pack of cigarettes per week. The history of major illnesses section states that the patient has had migraine headaches for at least 10 years and sinus problems. The patient was declared to be at maximum medical improvement as of April 27, 2007 with a 5% whole person impairment rating. It was stated that she should be able to return to work full duty as

of April 27, 2007.

She was seen for an orthopedic evaluation on May 1, 2007. X-rays were taken of the lumbar spine including flexion-extension views. At L3-4, retrolisthesis of 5 mm in extension with facet subluxation and foraminal stenosis was noted. At the L4-5 level, there was bone on bone spondylosis and stenosis with facet subluxation of foraminal stenosis. At the L5-S1 level, the physician noted bone on bone spondylosis and stenosis with a spondylolisthesis measuring 7 mm which did not correct. Examination on that day revealed minimal paravertebral muscle spasm, no sciatic notch tenderness, negative flip test, bilaterally negative Lasegue +75°, negative Braggard's, equal and symmetric knee jerks and ankle jerks, absent posterior tibial tendon jerks, and no gross motor deficits. The physician opined that the patient is not a surgical candidate because her symptoms do not warrant it. If the symptoms worsen, he stated that she could be a candidate for surgical reconstruction of the lumbar spine.

On May 17, 2007, the patient underwent a lower extremity electrodiagnostic study with impressions of anterior tarsal tunnel syndrome bilaterally and resection of the left tibialis anterior muscle. There were apparently equivocal findings regarding lumbar radiculopathy. However, the doctor noted that equivocal findings together with the patient's history of severe pain at times and none at others, is entirely consistent with a sequestered/free-floating disc fragment in the lumbar spine.

On June 19, 2007, the patient reported that she has persistent back pain and leg pain and is no longer willing to live with the current symptomatology. She opted for surgical intervention. The physical examination was unchanged.

On June 28, 2007 the request was reviewed and deemed non-certified by another physician reviewer. The reasons provided were that the requested surgery is not within current standards of care with no evidence of instability. On July 17, 2007 the request was again reviewed by another physician with a determination of non-certification and the peer reviewer cited the Official Disability Guidelines. The reviewer stated that the physician has failed to identify instability in this case as well.

A July 3, 2007 appeal letter was submitted stating that the patient has back pain and sciatica with multiple level discogenic pain. The physician stated that the patient has failed conservative treatment now for 10 months. He stated that the case was discussed with one of the reviewing physicians concerning the bone growth stimulator, which was approved along with the other spine surgery. He stated that there were two utilization review physicians from the same facility, which was very confusing to him.

#### **ANALYSIS AND EXPLANATION OF DECISION**

##### **Inpatient lumbar laminectomy, discectomy, arthrodesis, posterior instrumentation with cages:**

I agree with the previous peer review physicians that the patient does not demonstrate instability. Although she had a 7 mm spondylolisthesis upon x-ray evaluation, this finding does not show up on the December 2006 MRI and the spondylolisthesis does not move upon flexion-extension to confirm its stability. It should be noted that the MRI report states that the patient has segmental instability at the L4-5 level. However, this cannot be assessed unless a dynamic study is undertaken and as noted above, the flexion-extension x-rays did not confirm the presence of instability. Without instability or fracture, arthrodesis and posterior instrumentation with cages is not appropriate. However, the patient also demonstrates a significant disc extrusion at the L4-5 level for which a laminectomy and discectomy are appropriate. Therefore, I recommend to partially overturn the previous decision and to certify the inpatient lumbar laminectomy and discectomy and to non-certify the request for arthrodesis and posterior instrumentation with cages.

##### **Bone stimulator at L3-4, L4-5, L5-S1:**

Given that the arthrodesis has not been deemed medically necessary in this report, a bone stimulator will not be necessary. Therefore, I recommend to uphold the decision to non-certify the bone stimulator.

##### **2 day length of stay:**

This request is appropriate for the patient's certified laminectomy and discectomy procedure. Therefore, I recommend to overturn the decision to non-certify the two day length of stay.

The IRO's decision is consistent with the following guidelines:

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

x ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE

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

According to the ACOEM Guidelines, page 307, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient.

According to the ACOEM guidelines, page 310, spinal fusion in the absence of fracture, dislocation, complications of tumor, or infection is not recommended.