



Specialty Independent Review Organization

## Notice of Independent Review Decision

**DATE OF REVIEW:** 8/21/2007

**IRO CASE #:**

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

The item in dispute is a posterior fusion @ L4/5 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 orthopedic surgeon with greater than 15 years of experience in this field.

**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 agrees with the previous adverse determination regarding posterior fusion @ L4/5 with 1 day LOS.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

These records consist of the following: Letters: 6/7/2007, 6/28/2007, and 8/3/2007; MD, Report: 11/1/2006; Institute, Report: 6/19/2007; Cope, Report: 5/31/2007; Institute, Reports: 10/27/2005 – 5/14/2007; Texas HCS, EMG: 2/3/2005; Center: CT Myelogram: 5/17/2006, MRI: 5/1/2007, ESI: 4/26 and 6/14/2005; Radiology Center, Discogram: 10/6/2005.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured employee was injured on xx/xx/xx when he was getting in a truck and placed his left foot on top of the step, slipped and twisted his back, falling to the ground. Patient had a prior injury resulting in a fusion of L5-S1. This xx-year-old male continues to have low back and left leg pain associated with weakness. Any kind of activity causes increased pain, particularly forward flexion. Patient has been treated conservatively with physical therapy, work hardening, medications, and a series of ESIs.

Physical examination reveals difficulty rising out of a chair, antalgic gait, diminished patella and achilles reflexes bilaterally, weak left extensor toe, straight leg raise positive, and tenderness in the low back.

MRI of 12/14/2004 reveals a disc protrusion at L4-5 producing mild to moderate central canal stenosis. Disc extends to the left of midline.

Lumbar discogram of 10/06/2005 reveals concordant pain at L4-5.

Post-discogram CT Scan 10/06/2005 reveals mild narrowing of the disc space with the protruded disc at L4-5.

Lumbar myelogram of 05/17/2006 reveals severe central canal narrowing at L4-5 with a posterior disc protrusion. There is evidence of a prior fusion at L5-S1. Post myelogram CT Scan reveals the severe central canal stenosis at L4-5 with a posterior protruded disc and congenital narrowing of the canal.

Patient had a behavioral medicine evaluation on 05/31/2007.

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

The reviewer states that this xx year old male had a prior lumbar fusion at L5-S1. Patient's symptoms, physical findings, and imaging reveal a lesion at L4-5 causing severe canal stenosis. There is no indication in the information supplied of any severe degenerative change or instability at L4-5.

ODG states that surgery is indicated for chronic low back pain after six months of conservative care for segmental instability-excessive motion as in degenerative spondylolisthesis, surgically induced segmental instability, and mechanical intervertebral collapse of the motion segment and advanced degenerative changes after surgical discectomy. This patient does not fit this criterion for a lumbar fusion.

**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)
  - Rothman and Simeon: The Spine, 4th Edition.
  - Bono, Garfin, et al: The Spine.