



# PROFESSIONAL ASSOCIATES

## IRO REVIEWER REPORT – WC (Non-Network)

---

**DATE OF REVIEW:** 08/28/07

**IRO CASE #:**

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

Posterior spinal fusion with instrumentation and decompression 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**

An Employer's First Report of Injury or Illness  
An associate statement

An ambulance record from E.M.T.  
An evaluation with an unknown provider (signature was illegible)  
Admission Holding Orders from the unknown provider  
A nursing note from an unknown nurse (signature was illegible)  
An evaluation with P.A.-C.  
Physician's orders from Ms.  
An undated diagnosis list  
A CT scan and x-rays of the lumbar spine interpreted by M.D.  
Laboratory studies  
Medication orders  
A physical therapy evaluation with an unknown therapist (signature was illegible) dated 10/06/06  
A nursing note from the unknown nurse dated 10/06/06  
Discharge instructions dated 10/06/06  
Evaluations with M.D. dated 10/10/06, 10/17/06, 11/07/06, 12/06/06, 01/24/07, 01/31/07, 02/28/07, 03/21/07, 04/19/07, 05/22/07, 06/12/07, and 07/03/07  
DWC-73 forms from Dr. dated 10/10/06, 10/17/06, 11/07/06, 12/06/06, 01/24/07, 01/31/07, 02/28/07, 03/21/07, 04/19/07, 05/22/07, 06/12/07, and 07/03/07  
An MRI of the lumbar spine interpreted by M.D. dated 10/10/06  
Physical therapy evaluations with the unknown therapist dated 10/24/06 and 10/25/06  
A progress note from the unknown therapist dated 10/25/06  
Physical therapy with another unknown therapist (signature was illegible) dated 10/25/06, 11/01/06, 11/06/06, 11/08/06, 11/13/06, 04/03/07, 04/10/07, 04/12/07, and 04/19/07  
Exercises prescribed by P.T. dated 11/01/06  
Evaluations with M.D. dated 11/17/06, 12/22/06, 01/19/07, 02/09/07, 03/02/07, 03/30/07, 04/27/07, and 06/01/07  
Procedure notes from Dr. dated 12/12/06 and 01/09/07  
A lumbar myelogram CT scan interpreted by Dr. dated 01/26/07  
An operative report from Dr. dated 02/14/07  
An intraoperative x-ray of the lumbar spine interpreted by M.D. dated 02/14/07  
Postoperative orders from an unknown provider (signature was illegible) dated 02/14/07  
A physical therapy evaluation with an unknown therapist (signature was illegible) dated 04/03/07  
An MRI of the lumbar spine interpreted by M.D. dated 05/21/07  
A lumbar myelogram CT scan interpreted by Dr. dated 06/07/07  
A lumbar discogram CT scan interpreted by M.D. dated 06/20/07  
A letter of adverse determination from M.D. dated 07/11/07  
A letter of adverse determination from M.D. dated 07/25/07  
An IRO Summary dated 08/06/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Ms. prescribed Medrol and Skelaxin. A CT scan and x-rays of the lumbar spine interpreted by Dr. revealed disc herniations at L4-L5 and L5-S1 and a mild posterior bulge at L3-L4 and minimal degenerative changes. A drug screen on 10/06/06 was positive for opiates. On 10/10/06, Dr. recommended an MRI of the lumbar spine. An MRI of the lumbar spine interpreted by Dr. on 10/10/06 revealed a disc protrusion at L4-L5. On 10/17/06, Dr. recommended physical therapy. Physical therapy was performed with the unknown therapist from 10/25/06 through 04/19/07 for a total of nine sessions. On 11/17/06, Dr. recommended a lumbar epidural steroid injection (ESI), physical therapy, and Lodine. Lumbar ESIs were performed by Dr. on 12/12/06 and 01/09/07. On 01/19/07, Dr. recommended physical therapy, a home exercise program, Norco, Lodine, and Skelaxin. A lumbar myelogram CT scan interpreted by Dr. on 01/26/07 revealed non-filling of the left L4-L5 nerve root sleeve with a disc bulge at that level. On 01/31/07, Dr. recommended lumbar surgery. An L4-L5 laminectomy and discectomy was performed by Dr. on 02/14/07. On 03/21/07, Dr. recommended postsurgical therapy. An MRI of the lumbar spine interpreted by Dr. on 05/21/07 revealed postoperative changes at L4-L5. On 05/22/07, Dr. recommended a lumbar myelogram CT scan. On 06/01/07, Dr. recommended a repeat MRI of the lumbar spine, Lidoderm patches, and Norco. A lumbar myelogram CT scan interpreted by Dr. on 06/07/07 revealed non-filling of the L4 nerve root sleeve with a recurrent disc bulge at L4-L5. On 06/12/07, Dr. recommended a lumbar discogram. The lumbar discogram CT scan interpreted by Dr. on 06/20/07 revealed concordant pain at L4-L5 with disc herniation and annular tear. There was also a disc protrusion at L5-S1. On 07/03/07, Dr. recommended surgery. On 07/11/07, Dr. wrote a letter of adverse determination regarding the surgery. On 07/25/07, Dr. also wrote a letter of adverse determination for the surgery.

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

The requested posterior spinal fusion with instrumentation and decompression from L4 to the sacrum is neither reasonable nor necessary as related to the original injury. The most appropriate diagnosis that would be considered for this patient at this time would be that he underwent laminectomy and has had continued lower back pain. The MRI obtained on 05/21/07 was normal at L5-S1 and the only abnormality that M.D. was able to determine was that there had been interval surgery postoperatively on the left side at L4-L5.

The discogram performed, which is carefully documented by M.D. does not explain the source of the patient's pain. For example, at L5-S1, although it was normal, pain was created. The impression of the discographer is that there is a disc protrusion of 4 to 5 mm. at L5-S1, which is certainly not in keeping with the findings of the MRI. In addition, the patient failed the Marcaine challenge, that is he failed to report resolution of pain with the Marcaine. This, the presence of

discordant pain at a normal level, failure to correspond to prior diagnostic testing, as well as failure to respond to the Marcaine challenge means the discogram is completely unreliable as a source of determining the level of the spinal fusion.

The patient does not meet classic criteria for a two level fusion. This would include multilevel instability, fracture, or spondylolisthesis. The surgery is totally inappropriate at the L5-S1 unit, as this is questionable and does not meet the recommendations for lumbar fusion based on the ACOEM or ODG Treatment Guidelines. Discography is not an approved study to determine the surgical intervention, it is subjective and controversial.

Based on all the factors above, in my professional opinion as a spinal surgeon who performs these types of surgeries, I do not believe that the requested posterior spinal fusion with instrumentation and decompression from L4 to S1 will object the patient's pain.

**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 AND KNOWLEDGE BASE**
- 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)**