

DATE OF REVIEW:

08/13/2007

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Spinal Surgery Lumbar Disc/ATF L4-S1 with three day stay.

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

Board Certified Orthopaedic Surgeon

REVIEW OUTCOME

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

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.

The requested surgical procedure (Spinal Surgery Lumbar Disc/ATF L4-S1 with three day stay) is not medically necessary and reasonable.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 08/02/07
- MCMC: Referral dated 08/02/07
- DWC: Confirmation Of Receipt Of A Request For A Review dated 07/20/07
- LHL009: Request For A Review By An Independent Review Organization dated 07/17/07
- DWC: Notice To MCMC, LLC Of Case Assignment dated 07/31/07 from
- Letter dated 07/16/07 from, M.D.
- Notification of Determination dated 06/27/07 from, M.D.
- Request for Preauthorization for Surgery dated 06/21/07
- Care: Chart Notes dated 06/21/07, 05/24/07, 04/13/07
- M.D.: Steroid Block dated 03/12/07
- Centers: Study dated 12/11/06 from, Sr., M.D.
- DMC: MRI lumbar spine dated 12/05/06
- Center: Initial Chart Note dated 01/08/06 from, M.D.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male who was reported to have sustained injury on xx/xx/xx. The mechanism of injury was as follows; he brought a refrigerator down on a dolly. The next day he developed sharp pain in his back. There is no record of initial treatment, but it would appear that he was initially treated with chiropractic care. He was subsequently referred to M.D. of Care. Dr. first saw the injured individual on 01/08/2007. His diagnosis was lumbar radicular syndrome with unknown etiology. Examination revealed a weak extensor hallucis longus (EHL) secondary to a previous surgery and absent left ankle reflex. It was not clear what previous surgery the injured individual had

undergone to leave him with this deficit. Straight leg raise (SLR) was negative and there were no other localizing physical findings. He noted that the injured individual had not returned to work since 11/18/2006. He recommended a lumbar epidural steroid injection. MRI was significant for pre-existing degenerative changes and electrodiagnostic testing was negative for radiculopathy. The injured individual was 5'10" and weighed 242 pounds. Lumbar epidural block was performed on 03/12/2007 with pain relief reported only the day of injection. He self-reported that the morning after the injection that his pain was markedly worse. The office note of 04/13/2007 revealed that the physician had recommended therapy. Prior therapy was noted to be passive. Dr. then recommended discography on 05/24/2007. There is no information regarding the response to therapy. The proposed surgical procedure was discussed on 06/21/2007. Dr. decided to proceed with surgery since his request for discography had been denied. He suggested a psychological evaluation be performed on that visit, but there are no results available.

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

The injured individual is a xx year old male with a questionable mechanism of injury. The Official Disability Guidelines (ODG) would support an adequate trial of conservative care (over the counter medications or NSAIDs, activity modification, and a trial of active therapy). There is no documentation regarding an adequate trial of treatment. In addition, the injured individual has not returned to work. The therapeutic benefit of return to work (RTW) is recognized by the evidence-based Occupational Medicine Practice Guidelines, 2nd Ed. Minimal objective physical findings are documented in the medical record and the subjective complaint of pain is out of proportion to those findings. The injured individual's imaging studies showed evidence of significant pre-existing degenerative changes, which are not a result of the purported work injury. The injured individual's body habitus (5/10"- 242 pounds) are known aggravating factors for back pain. The requested surgical procedure does not meet the criteria as outlined by the Official Disability Guidelines: Not recommended for patients who have less than six months of failed conservative care unless there is severe structural instability and or acute or progressive neurologic dysfunction, but recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria outlined in the section below entitled, "Patient Selection Criteria for Lumbar Spinal Fusion." After screening for psychosocial variables, outcomes are improved and fusion may be recommended for degenerative disc disease with spinal segment collapse with or without neurologic compromise after 6 months of recommended conservative therapy.

Pre-Operative Surgical Indications Recommended: Pre-operative clinical surgical indications for spinal fusion include all of the following:

- (1) All pain generators are identified and treated; and
- (2) All physical medicine and manual therapy interventions are completed; and
- (3) X-ray demonstrating spinal instability and/or MRI, Myelogram or CT discography demonstrating disc pathology; and
- (4) Spine pathology limited to two levels; and
- (5) Psychosocial screen with confounding issues addressed.
- (6) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing. (Colorado, 2001) (Blue Cross Blue Shield, 2002).



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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION):

Occupational Medicine Practice Guidelines, 2nd Ed.