



## IMED, INC.

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### **NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE OF REVIEW:** 08/21/07

**IRO CASE NO.:**

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

Items in Dispute: Anterior and posterior L4-S1 fusion with redo L4-L5 decompression.

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

Texas License and currently on TDI DWC ADL.  
Board Certified Orthopedic Surgeon

**REVIEW OUTCOME:**

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

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

1. Medical records of Dr..
2. MRI of the lumbar spine.
3. Lumbar discogram.
4. Prior determinations.
5. Notice of IRO.

**INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):**

The employee is a xx year old male who was reported to have sustained an injury to his low back on xx/xx/xx.

The employee is currently under the care of Dr.. The available medical records indicate that the employee previously underwent cervical surgery in February, 2005, which was performed under Medicare coverage.

It was reported that the employee's low back became a significant problem, and he sought care from Dr. The employee was referred for MRI of the lumbar spine on 09/26/06. This study

indicated a right sided posterior decompressive procedure at L4-L5 with a fairly large, predominantly nonenhancing, protrusion of very high suspicion for recurrent/residual herniated nucleus pulposus right paracentrally, and even extending right foraminaly, deforming the right side of the thecal sac and the right L5 nerve root sleeve, and even contacting and appearing to mildly deform the right L4 nerve root sleeve in its neural foramen with accompanying epidural fibrosis. Central canal stenosis was more relatively involving the right side of the canal and with significant right lateral recess narrowing, and at least a moderate degree of right foraminal encroachment was identified.

On 10/06/06, the employee was seen in follow-up by Dr. . Dr. recommended the employee undergo operative intervention with removal of disc fragment and fusion because of the multiple times this level had been operated on. Dr. recommended performing lumbar discography to evaluate the adjacent level discs.

On 02/01/07, Dr. indicated that the employee had multiple areas of positive discography from pain provocation to abnormal morphology and noted that the employee was recommended by an Independent Medical Evaluation (IME) for a spinal cord stimulator or morphine pump instead of fusion. Dr. indicated that given the changes at L4-L5 and L5-S1 and possibly L3-L4 that the employee would be a good candidate for a stabilization procedure of the lumbar spine.

A follow-up note dated 03/16/07 indicated that the employee had not undergone discography as of this date. It was requested that one be performed at L3-L4, L4-L5 and L5-S1. If all three levels were positive, the next junctional level should be performed at L2-L3. Dr. noted that if there are multiple concordant levels of pain that ranks above 7 with dysplastic changes by CT and discography, the employee would more than likely be a better candidate for a dorsal column stimulator.

A follow-up note dated 04/16/07 indicated that the employee had concordant pain at L4-L5 only with some minor changes in the L3-L4 disc with good end pressure, and L5-S1 was felt to be intact. As a result, Dr. suggested that the employee would be a viable candidate for a single level total disc arthroplasty.

A follow-up note dated 05/30/07 indicated that total disc arthroplasty was not approved on utilization review, and a two level fusion incorporating the symptomatic level at L4-L5 and the level below at L5-S1 was suggested.

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

The available medical records indicate that the employee has previously undergone two operative interventions at L4-L5 and has undergone extensive decompression. Current imaging indicates that the employee has a recurrent disc herniation with extrusion at this level. It was further noted that there were dysplastic changes to the endplates. The records indicate that the employee has primarily axial back pain, and has subsequently undergone lumbar discography with concordant pain noted at L4-L5 and abnormal disc morphology at L5-S1 without provocation. The employee was noted to have undergone extensive conservative care, and it has been recommended that the employee undergo a two level fusion from L4-S1. The request as submitted does not support the medical necessity for two level fusion. A single level at L4-L5 appears appropriate given the positive findings on discography and past surgical history at this

level. The available records do not indicate that the employee has undergone a preoperative psychiatric clearance as required by the *Official Disability Guidelines*.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

- A. *Official Disability Guidelines*, 11<sup>th</sup> Edition, The Work Loss Data Institute.
- B. The *American College of Occupational and Environmental Medicine Guidelines*.  
Chapter 12.
- C. S. Terry Canale, MD, *Campbell's Operative Orthopedics*, 10th Edition University of Tennessee-Campbell Clinic, Memphis TN, Le Bonheur Children's Medical Center, Memphis, TN ISBN 0323012485.