



Amended August 6, 2007

DATE OF REVIEW: 07/30/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Anterior interbody fusion, L5/S1, retroperitoneal exposure and discectomy, L5/S1, anterior interbody fixation, L5/S1, bone graft, allograft, bone marrow aspirate, and Cybertech TLSO.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with experience in the evaluation and treatment of spine injuries

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. TDI assignment records
2. Carrier's records including copies of requestor's records
3. Initial evaluation on 03/02/07
4. Clinical note 05/11/07
5. MRI scan 12/27/05
6. Discogram on 05/04/07
7. Psychiatric evaluation on 05/24/07

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate male suffered an injury to his lumbar spine when he jumped off of a flat bed trailer truck. He suffers pain radiating into the proximal portions of both legs. He has been treated with nonoperative conservative regimens for the past two years

including medications, physical therapy regimen, and activity modifications. He remains symptomatic. He has not returned to work since the date of injury.

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

Absent compressive neurologic symptoms, documented instability, fracture, or dislocation, spondylolysis with spondylolisthesis, lumbar discectomy and fusion are not indicated in the first six months of symptoms. Within two years frequently nonoperative methods in alleviating patient's symptoms. Absent neurologic compressive findings, surgery to perform anterior discectomy and interbody fusion may be justifiable in "very well selected patients." It is this definition of well selected patients that remains controversial. This patient has a discogram, which revealed degenerative changes at two levels and concordant pain at L5/S1. His MRI scan confirms degenerative changes at two levels, though the date of the discogram being more than eighteen months prior to this date warrants repeat of this study. It would appear that this patient may well be one of those very "well selected" patients. However, he has at least two features that lead to less acceptable result after surgical procedure. He is obese, and his injury occurred in a Workers' Compensation circumstance. As a result, the anterior interbody fusion, L5/S1, retroperitoneal exposure and discectomy, L5/S1, anterior interbody fixation, L5/S1, bone graft, allograft, bone marrow aspirate, and Cybertech TLSO are all deemed to be medically unnecessary in this patient.

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

(Check any of the following that were used in the course of your review.)

- _____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.
- X _____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 national accepted medical literature (provide a description).
- X _____Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.) Frymoyer, The Adult Spine, Second Edition.