



# PROFESSIONAL ASSOCIATES

## Notice of Independent Review Decision

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

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**DATE OF REVIEW:** 12/31/07

**IRO CASE #:**

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

Anterior discectomy, interbody fusion, interbody fixation at L3-L4, L4-L5, and L5-S1, decompression via total laminectomy at L5, transverse process fusion at L3 to S1, segmental pedicle fixation at L3, L4, L5, S1 bilaterally, purchase of a cross brace and a three day length of stay

#### **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.

Anterior discectomy, interbody fusion, interbody fixation at L3-L4, L4-L5, and L5-S1, decompression via total laminectomy at L5, transverse process fusion at L3 to S1, segmental pedicle fixation at L3, L4, L5, S1 bilaterally, purchase of a cross brace and a three day length of stay - Upheld

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

A Workers' Compensation First Report of Injury or Illness form  
An evaluation with an unknown provider (signature was illegible) dated 07/22/05  
An emergency room report from an unknown physician (no name or signature was available) dated 07/24/05  
Nursing notes from an unknown nurse (no name or signature was available) dated 07/24/05  
A patient information report dated 07/24/05  
A discharge report from the unknown nurse dated 07/24/05  
Evaluations with D.O. dated 07/26/05, 09/30/05, 01/10/06, 02/07/06, 03/07/06, 04/19/06, and 10/18/06  
TWCC-73 forms from Dr. dated 07/26/05, 09/30/05, 12/15/05, 01/10/06, 02/07/06, 03/07/06, 04/19/06, and 10/18/06  
An MRI of the lumbar spine interpreted by M.D. dated 07/27/05  
An evaluation with, M.D. dated 08/08/05  
Evaluations with M.D. dated 08/15/05, 08/26/05, 09/16/05, 09/30/05, 11/08/05, 12/13/05, 01/24/06, 02/15/06, 10/27/06, and 12/15/06  
Letters from Dr. dated 08/15/05, 01/18/07, and 01/22/07  
An operative report from Dr. dated 08/16/05  
Patient discharge instructions dated 08/17/05  
A note from an unknown physician's assistant (signature was illegible) dated 10/25/05  
An x-ray of the right ankle interpreted by M.D. dated 11/01/05  
A medication list from dated 11/03/05  
A prescription from Dr. dated 11/08/05  
Evaluations with M.D. dated 11/17/05, 12/15/05, and 01/11/06  
DWC-73 forms from Dr. dated 11/17/05, 12/15/05, and 01/11/06  
Letters from Dr. dated 12/16/05, 01/10/06, and 10/19/06  
A retrospective review from M.D. dated 12/20/05  
A physical therapy evaluation from an unknown therapist (signature was illegible) dated 12/22/05  
Physical therapy with the same unknown therapist dated 12/22/05, 12/27/05, 12/28/05, 12/29/05, 01/02/06, 01/26/06, 01/27/06, 01/31/06, 02/01/06, 02/06/06, 02/08/06, 02/09/06, 02/13/06, 02/15/06, 02/24/06, 02/27/06, 03/02/06, 03/07/06, and 03/09/06  
A Notice of Intent to Issue an Adverse Determination Letter dated 12/29/05  
A letter of non-authorization according to an unknown source, dated 01/06/06  
A Required Medical Evaluation (RME) with M.D. dated 01/18/06  
A DWC-73 form from Dr. dated 01/18/06  
A Functional Capacity Evaluation (FCE) with M.D. dated 01/18/06  
An MRI of the lumbar spine interpreted by D.O. dated 02/15/06  
A progress note from P.T. dated 03/09/06  
An impairment rating from O.T.R. dated 03/22/06  
An impairment rating evaluation from M.D. dated 03/27/06  
An MRI of the lumbar spine interpreted by M.D. dated 10/21/06  
A request to change treating physicians report dated 10/27/06

Medication lists dated 10/27/06, 11/08/06, 11/13/06, 11/17/06, 11/21/06, 11/30/06, 12/08/06, 12/13/06, 12/15/06, 12/20/06, 12/26/06, 12/29/06, 01/03/07, 01/08/07, 01/19/07, 01/22/07, and 02/06/07

A letter from the claimant dated 11/01/06

A lumbar myelogram CT scan interpreted by M.D. dated 12/08/06

Evaluations with D.C. dated 12/22/06, 03/14/07, 04/24/07, 07/10/07, 08/01/07, and 10/02/07

DWC-73 forms from Dr. dated 12/22/06, 01/22/07, 04/24/07, 05/31/07, 07/10/07, and 10/02/07

Evaluations with M.D. dated 01/22/07, 02/19/07, 03/14/07, 04/09/07, 07/10/07, 08/01/07, 10/02/07, and 10/21/07

Behavioral medicine consultations with Ph.D. dated 04/18/07 and 09/10/07

Evaluations with M.D. dated 04/23/07, 06/25/07, 09/28/07, 10/05/07, and 10/15/07,

Letters of authorization, according to the ODG Guidelines, dated 05/09/07 and 11/20/07

A procedure note from Dr. dated 06/04/07

Letters of non-authorization, according to the ODG Guidelines, dated 07/11/07, 08/21/07, 10/11/07, and 10/25/07

A peer review from M.D. dated 08/01/07

A lumbar discogram CT scan interpreted by M.D. dated 09/21/07

A preauthorization request from Dr. dated 10/05/07

A PLN-11 form from the insurance carrier dated 11/14/07

Undated information regarding spinal fusion surgery

The ODG Guidelines were not provided by the carrier or the URA

## **PATIENT CLINICAL HISTORY**

An MRI of the lumbar spine interpreted by Dr. on 07/27/05 revealed disc dehydration and at L3 through S1 with disc protrusions at L4-L5 and L3-L4. On 08/08/05, Dr. recommended lumbar spine surgery. On 08/16/05, Dr. performed a right L4-L5 hemilaminotomy and microdiscectomy. On 08/26/05, Dr. recommended Neurontin, Ibuprofen, and Oxycodone. An x-ray of the right ankle interpreted by Dr. on 11/01/05 was unremarkable. On 11/08/05, Dr. recommended physical therapy. On 11/17/05, Dr. provided the claimant with a short leg walking boot. On 12/20/05, Dr. agreed with physical therapy with an ankle/foot orthosis and home exercise program. Physical therapy was performed with the unknown provider from 12/22/05 through 03/09/06 for a total of 19 sessions. On 01/06/06, wrote a letter of non-authorization for further physical therapy. On 01/18/06, Dr. recommended physical therapy, tapering off pain medication, and a return to full work duty. On 01/24/06, Dr. recommended physical therapy and Hydrocodone. An MRI of the lumbar spine interpreted by Dr. on 02/15/06 revealed questionable postsurgical changes at L3-L4 versus minimal enhancing disc and multiple mild levels of spondylosis. On 03/22/06, Dr. placed the claimant at Maximum Medical Improvement (MMI) with a 10% whole person impairment rating. An MRI of the lumbar spine interpreted by Dr. on 10/21/06 revealed severe degenerative disease at L4-L5 with scar formation and mild changes at L3-L4 and L4-L5. On 10/27/06, Dr. recommended Norco, Flexeril, and Lyrica, along with an injection. A lumbar myelogram CT scan

interpreted by Dr. on 12/08/06 revealed multilevel degenerative changes at L3-L4. On 01/22/07, Dr. prescribed Flexeril and Norco. On 04/18/07, Dr. recommended a psychiatric consultation and possible psychotropic treatment. On 04/23/07, Dr. recommended an epidural steroid injection (ESI). On 05/09/07, wrote a letter of authorization for an ESI. A lumbar ESI was performed by Dr. on 06/04/07. On 06/25/07, Dr. recommended a lumbar discogram. On 07/11/07, wrote a letter of non-authorization for a lumbar discogram CT scan. On 08/01/07, Dr. recommended psychological clearance for a discogram and possible surgery. On 08/21/07, wrote a letter of non-authorization for preoperative psychological testing. On 09/10/07, Dr. felt the claimant was a surgical candidate psychologically. A lumbar discogram CT scan interpreted by Dr. on 09/21/07 revealed concordant pain at L3-L4 and L4-L5 with tearing at L3-L4 and diffuse degeneration at L4-L5 and L5-S1. On 09/28/07, Dr. recommended lumbar spine surgery. On 10/11/07 and 10/25/07, wrote letters of non-authorization for the lumbar surgery. On 11/14/07, the insurance carrier accepted a compensable injury to the L4-L5 level only and denied the L3 and S1 levels. On 11/20/07, wrote a letter of authorization for six sessions of individual psychotherapy.

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

This patient has multilevel degenerative disc disease. According to the ODG criteria, as well as a recent publication that demonstrated the AAMS/MASS guidelines, lumbar fusion is indicated in carefully selected patients for one to two level discogenic disease. Three level fusions almost never heal with clinical success and in the workers' compensation population, the outcome related to fusion have other compounding variables. At this time, there is no evidence that this patient's clinical situation would improve with such a massive procedure. It is outside of guidelines.

Furthermore, the patient is said to have mixed anxiety and a depressed mood. Although the psychologist has indicated that she is a "surgical candidate", the result of fusion in these individuals is also less than ideal.

The surgical decision appears to be based on a discogram done on 09/21/07. Discography is an unreliable test in indicating fusion, especially in the workers' compensation patient. Multiple studies like Carragee et. al. indicate that these degenerative changes were neither created by nor aggravated by the occupational injury and the discography is unreliable in the diagnosis of degenerative disease in this population.

In my opinion, for the reasons stated above, the recommended anterior discectomy, interbody fusion, interbody fixation at L3-L4, L4-L5, and L5-S1, decompression via total laminectomy at L5, transverse process fusion at L3 to S1, segmental pedicle fixation at L3, L4, L5, S1 bilaterally, purchase of a cross brace and a three day length of stay is neither reasonable nor necessary.

**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)

AAMS/MASS Guidelines  
Carragee, et. al.