

July 6, 2007

**This correspondence and report is to replace the  
correspondence and report of 04/23/07**

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 07/04/07

**IRO CASE #:**

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

L3/L4 decompression, discectomy, and interbody fusion.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Board Certified in Orthopedic Surgery

**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 paperwork including IRO request
2. IRO request from Neuroscience and Spine Center
3. Letters of denial.
4. Letter from treating doctor (TD) dated 11/10/04 and Lumbar discography dated 08/12/04.
5. Procedure note, implementation of trial electrode dated 08/22/05
6. Designated Medical Examination dated 11/02/05
7. Physician note dated 11/30/05
8. Impairment rating dated 09/20/05

9. Independent Medical Evaluation, no date
10. Required Medical Examination dated 04/25/06
11. Admission H&P from TD 10/29/06
12. Discharge summary from TD 11/02/06
13. TD office note 11/09/06
14. Exam by TD's physician assistant 11/28/06
15. TD office note and reports of lumbar spine X-ray (5 views) 01/09/07
16. Reports of CT myelogram-lumbar and laminectomy-lumbar 01/15/07
17. TD office notes 1/23 and 1/29/07
18. Exam by TD's physician assistant 02/06/07
19. TD office note 03/06/07
20. Exam by TDs physician assistant 02/06/07

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

This patient has a long history of problems with the lumbar spine including lumbar laminectomy, lumbar L5/S1 posterolateral fusion, and lumbar L3 through S1 fusion with instrumentation. The patient continues to have pain, and her treating doctor (TD) felt that a paracentral disc herniation at L3/L4 is responsible for this patient's continued symptomatology. The patient has lateral-type construct fusion and still has the potential for disc herniation. L3/L4 decompression discectomy with interbody fusion has been denied as medically unnecessary by the insurance company.

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

It is unclear in the medical records that the findings of small paracentral disc herniation in the absence of radiculopathy would be causing this patient's symptoms. There is no EMG/NCV study evidence of nerve irritation. Neurological examination is normal. There is no demonstration of segmental instability or pseudoarthrosis at that level. Surgery is not indicated as it falls into standard ODG Guidelines, clinical evidence-based medicine, and ACOEM guidelines. The potential for surgery to afford this patient any benefit would be very low and did not appear to be medically necessary or indicated.

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

ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.

**INDEPENDENT REVIEW INCORPORATED**

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- 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 national accepted medical literature.
- Other evidence-based, scientifically valid, outcome-focused guidelines.

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