IRO America Inc.

An Independent Review Organization
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DATE OF REVIEW:
JULY 16, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Transforaminal lumbar interbody fusion at L4-5 with a two-day inpatient stay

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
M.D. Board Certified Orthopedic Surgeon

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Lumbar spine MRI, 09/14/05 and 04/26/07
Office notes, Dr., 01/31/06, 02/21/06, 03/31/06, 04/25/06, 06/13/06, 07/11/06, 08/10/06, 09/12/06, 11/02/06, 12/19/06, 01/23/07, 03/01/07, 04/03/07 and 04/12/07
Epidural steroid injections, 02/15/06, 06/05/06
Independent Medical Evaluation, Dr., 01/07/07
Surgery request for TLIF and a two-day inpatient stay, 01/29/07
peer review, Dr., 02/10/07
peer review, Dr.,
HICFA, 01/05/07 and 04/26/07

Work status, 01/05/07
Request for MRI, 04/18/07
Surgery request, 05/22/07
Notice of assignment, 06/27/07

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who was injured when he slipped and hit the bottom of a truck step. He has had low back and left leg pain with a more recent onset of reported right leg pain. His diagnosis was noted to be L4-5 herniated disc with radiculopathy.

An MRI of the lumbar spine dated 09/14/05 showed a 3-4 millimeter protrusion at L4-5 with no spinal stenosis. The claimant was seen by Dr. on 01/31/06 following an epidural steroid injection. The claimant reported that the left leg pain was worse than the back pain. Straight leg raise was positive on the left and there was weakness with left foot dorsiflexion. He received another injection on 02/15/06 without benefit on the 03/31/06 follow up the leg pain had improved and the claimant was released to light duty as of 04/03/06 and full duty 04/10/06. Weight loss was recommended as was smoking cessation. The claimant was noted in the record to be 6 feet and 280 pounds.

On 06/05/06 the claimant had another epidural steroid injection. The leg pain was not improved. On examinations in June and July of 2006 the weakness of the foot and positive left straight leg raise were ongoing. A CT myelogram was requested but denied. By the 08/10/06 visit Dr. noted that the claimant had improved. He was once again released to full duty at work. The claimant returned to see Dr. on 09/12/06, 11/02/06 and 12/19/06 reporting mostly back pain aggravated by activity. Dr. felt that the only way to relieve back and leg pain from a surgical standpoint was L4-5 fusion. Surgery was discussed and weight loss and smoking cessation recommended. The physical examination remained unchanged neurologically with weakness and positive straight leg raise.

On 01/07/07 Dr. saw the claimant for an IME. The claimant reported that he was working and that back pain was worse than leg pain at that time. On examination there was spasm and motion was limited and with pain. Straight leg raise was positive on the left with pain to the dorsum of foot and ankle and relieved with knee flexion. The claimant was able to toe and heel stand and had normal reflexes. Dr. agreed that surgery was indicated.

A 04/26/07 MRI of the lumbar spine showed a congenitally small canal from L4 to S1. At L4-5 there was a broad based protrusion/bulge more central and left posterolaterally with an annular tear and moderate central stenosis. The claimant was able to quit smoking in 03/07. He had ongoing low back and leg pain and in 04/07 reported new right leg pain. Surgery was denied on peer review and a dispute resolution has been requested.

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

The requested transforaminal lumbar interbody fusion at L4-5 with two day inpatient stay does not appear to be medically necessary or reasonable in this male who slipped on oil and hit the bottom step of a truck. On 01/7/07 he had an independent medical evaluation for which back pain was noted to be fairly worse than his left leg pain. On physical examination spasm was noted, straight leg raise positive, normal reflexes, documented use of Lyrica and intermittent pain medicines. Throughout the documentation there appears to be appropriate conservative measures including epidural steroid injections, physical therapy, anti-inflammatories. There is no evidence of a psychosocial screening carried out. The spine pathology is limited to one level. There is no demonstration of spinal instability noted, tumor or infection. All physical medicine and manual therapy does appear to be appropriately carried out and trialed in this instance, however, the Reviewer does not believe that a fusion procedure is necessary in this patient and that a decompressive procedure alone would likely suffice. At the present time the Reviewer does not think the proposed surgery transforaminal lumbar interbody fusion at L4-5 with a two-day inpatient stay is consistent with the Official Disability Guidelines and as such does not recommend proceeding with the above mentioned procedure.

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 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
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official disability Guidelines Treatment in Worker's Comp 2007 Updates, Low Back-Fusion

- ☐ 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)