



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 07/23/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Inpatient anterior lumbar interbody fusion at L5-S1, retroperitoneal exposure and discectomy at L5-S1, anterior interbody fixation, bone graft, and bone marrow aspirate with a two day length of stay and the purchase of a Cybertech thoracic-lumbosacral support

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An Employer's First Report of Injury or Illness form dated xx/xx/xx
An evaluation, D.C. dated 08/15/06
Chiropractic therapy with Dr dated 08/28/06, 09/21/06, and 10/16/06
An MRI of the lumbar spine interpreted by, M.D. dated 08/30/06
An MRI of the sacrum and coccyx interpreted by, M.D. dated 09/12/06
An EMG/NCV study interpreted by, M.D. dated 09/14/06
An evaluation with R.N., F.N.P.-C. for Dr dated 09/20/06
An MRI of the lumbar spine interpreted by Dr. Iwasko dated 09/25/06
Evaluations with, M.D. dated 10/02/06, 10/23/06, and 11/30/06
Procedure notes from Dr. dated 10/12/06, 11/09/06, and 12/19/06
Evaluations with, M.D. dated 04/23/07 and 05/11/07
A lumbar discogram and post discogram CT scan interpreted by M.D. dated 05/04/07
A preauthorization request from Dr dated 05/15/07
Letters of non-authorization dated 05/22/07 and 06/15/07
A psychological evaluation with, M.S., C.C.M. and, Ed.D. dated 06/04/07

PATIENT CLINICAL HISTORY [SUMMARY]:

On 08/15/06, Dr. recommended chiropractic therapy. Chiropractic therapy was performed with Dr. on 08/28/06, 09/21/06, and 10/16/06. An MRI of the lumbar spine interpreted by Dr. on 08/30/06 was unremarkable. An MRI of the sacrum and coccyx interpreted by Dr. on 09/12/06 revealed a frank angulation between the sacrum and coccyx suggestive of a possible chronic healed fracture. An EMG/NCV study interpreted by Dr. on 09/14/06 revealed evidence of chronic severe bilateral L4 and L5 radiculopathy of the lower extremity. On 09/20/06, Dr. recommended Lyrica, Lortab, a Medrol Dosepak, and another lumbar MRI, along with some lumbar epidural steroid injections (ESIs). An MRI of the lumbar spine interpreted by Dr. on 09/25/06 revealed a disc bulge at L4-L5 and a disc protrusion at L5-S1. On 10/02/06, Dr. recommended lumbar ESIs. Lumbar ESIs were performed by Dr. on 10/12/06, 11/09/06, and 12/19/06. On 04/23/07, Dr. recommended a lumbar discogram. A lumbar discogram CT scan interpreted by Dr. on 05/04/07 revealed non-concordant pain at L4-L5 and L5-S1 with minimal fissuring at L3-L4 and L5-S1. On 05/11/07, Dr. recommended lumbar surgery. On 05/15/07, Dr. wrote a preauthorization request for surgery. wrote letters of non-authorization for the surgery on 05/22/07 and 06/15/07. On 06/04/07, Ms. and Mr. felt the patient was an appropriate surgical candidate.

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

The patient does not meet the common criterion for performing a fusion. The diagnostic information is confusing. An MRI shows degenerative changes at

both L4-L5 and L5-S1 when it was obtained on 09/22/06. Electrodiagnostics performed before the MRI showed there was pathology in the L4 and L5 nerve roots, suggesting L3-L4 and L4-L5 pathology. Discography, which is a poor method of choosing surgical levels shows the patient had symptoms alone at L5-S1. The ODG criterion for performing surgery includes clear definition of all pain generators. This has not been performed. The patient has not refrained from smoking. He is not a good candidate for surgical intervention. Therefore, in my opinion, he is not a good candidate per the ODG criteria, which do allow for spinal fusion in well selected cases. In my opinion as a board certified orthopedic surgeon who specializes in spinal surgery, this patient is not a good candidate for the proposed fusion. Therefore, the inpatient anterior lumbar interbody fusion at L5-S1, retroperitoneal exposure and discectomy at L5-S1, anterior interbody fixation, bone graft, and bone marrow aspirate with a two day length of stay and the purchase of a Cybertech thoracic-lumbosacral support would be 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)**