



## IMED, INC.

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**DATE OF REVIEW:** 07/10/07

**IRO CASE NO.:**

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

Items in Dispute: Two level 360 degree fusion at L4-5 and L5-S1.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THIS DECISION:**

Board Certified

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Denial Upheld

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

1. MRI of the lumbar spine dated 09/08/2005.
2. EMG/NCV study dated 10/17/2005.
3. Report of discography dated 09/08/2006.
4. Medical records Dr. dated 01/11/07 through 05/17/07.
5. Medical records Dr. dated 03/12/07.

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

The employee is a male who was reported to have sustained an injury to his low back on xx/xx/xx while employed as a laborer for.

The employee sought care from, D.C., who referred the employee for an MRI of the lumbar spine on 09/08/05. This study found no pathology from L1-L4. At L4-L5, there was a posterior 3 mm disc protrusion in the mid central region of the neural canal that caused a hyperintensity focus that represented tears within the annular fibers. There was bilateral facet arthrosis that in the left side caused moderate to severe narrowing of the left neural foraminal canal and mild to moderate narrowing of the right neural foraminal canal. At L5-S1, there was no spondylosis or disc herniation. The overall impression was a loss of hydration of the disc at L4-L5 and L5-S1

with a central focal disc protrusion at L4-L5 with increased signal in the protruding disc, indicative of tears within the annular fibers.

The employee was subsequently referred by Dr. for lumbar discography on 09/08/06. At L3-L4, there was a 2 mm broad based disc protrusion. At L4-L5, there was a 1-2 mm broad based disc protrusion. At L5-S1, there was only a trace of contrast medium in the central portion of the annulus fibrosis and a small amount of contrast medium was extravasated into the lateral aspect of the thecal sac on the right. When compared to the lumbar discogram at L3-L4, L4-L5 and L5-S1 as well as intradiscal Marcaine and steroid injection at L3-L4, L4-L5 and L5-S1, the employee was reported to have a radial annular tear on the right side with extravasation of contrast medium at L3-L4, a central discal tear with extravasation of contrast medium at L4-L5 and only trace of contrast medium is seen in the disc space, associated with a small amount of contrast leakage on the right at L5-S1.

The employee was referred for electrodiagnostics on 10/17/05. These studies were reported as normal with no evidence of a lumbar radiculopathy.

The employee was seen by Dr. on 01/11/07. The employee was reported to have undergone outpatient physical therapy and the employee had been previously seen in consultation by Dr. The employee reported that he had daily low back pain which radiated into his buttocks and proximal posterior thighs. He was reported to have numbness of the feet. He had no reported radiating pain down either leg. There was an increase in low back pain with coughing and sneezing. He had no loss of bowel or bladder control. On physical examination, the employee was able to walk on his heels and toes. There was no weakness with repetitive toe lifts. The pelvis was level. There was a negative Trendelenburg test. There was negative trochanteric tenderness. He had midline tenderness from L3 to S1. There was no posterior iliac notch. There were negative stretch tests. He had no weakness to manual motor testing. There was no clonus. Babinski's was negative. Sensory was intact. Dr. originally opined that the employee could be treated with conservative care. It was noted that there was partial lumbarization of S1. There was mild disc height reduction at L5-S1.

The employee was subsequently seen in follow up 01/30/07, and at that time, Dr. recommended that the employee undergo a three level IDET procedure at L3-L4, L4-L5 and L5-S1. The employee was later referred to Dr. on 03/12/07. Dr. opined that the employee was a candidate for epidural steroid injections at L3-L4 and L4-L5.

On 05/07/07, the employee was again seen in follow up. At that time, the employee was reported to have increasing low back pain. Dr. reported that the employee had lumbar discogenic pain, and he subsequently recommends that the employee undergo a two level 360 degree fusion at L4-L5 and L5-S1.

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

The available medical records do not provide sufficient information to establish that the employee has failed conservative care. I would further note that the records do not include a detailed psychological evaluation as required by the *Official Disability Guidelines*. Further clinical information is required to establish the medical necessity of this request.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

- A. The *Official Disability Guidelines*, 11<sup>th</sup> edition, The Work Loss Data Institute.
- B. The *American College of Occupational and Environmental Medicine Guidelines*, Chapter 12.
- C. S. Terry Canale, MD, *Campbell's Operative Orthopedics*, 10th edition University of Tennessee-Campbell Clinic, Memphis TN, Le Bonheur Children's Medical Center, Memphis, TN ISBN 0323012485.