C-IRO, Inc.

An Independent Review Organization
7301 Ranch Rd 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW:
JUNE 29, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Decompressive laminectomy and disectomy on the left at L3-4 segment, x-stop between the spinous process L2-3 and L3-4 with two day inpatient stay

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
MD 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
Office notes, Dr. 12/15/05, 02/27/07, 04/05/07 and 05/10/07
X-rays, 09/07/06
EMG, 10/16/06
Lumbar spine MRI with and without contrast, 04/16/07
Discogram, 04/18/07
Peer review, 05/23/07

Rebuttal letter, Dr. 05/25/07
Surgery request, 05/17/07
Demographics/Health Care Provider detail
Case notes
Letter, 05/24/07
Initial review, Dr. 05/24/07
Appeal review, Dr. 06/12/07

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male with diagnoses that include L4-5 posterior fusion, stenosis, neurogenic claudication, L5-S1 disc herniation and lumbar instability per Dr.

Records began with an office note from Dr. when he saw the claimant for axial pain with numbness, tingling and weakness in the lower extremities, left worse than right. There was weakness of the left lower extremity of 3/5 and right lower extremity weakness generally of 4/5. Dr. noted that x-rays showed hypermobility of L4-5, facet arthrosis and foraminal stenosis and that a CT showed L3-4 stenosis and L4-5 consolidated fusion and a small herniation at L5-S1 with canal narrowing. The EMG of 06/05 reportedly revealed L3-S1 motor root weakness.

An EMG study dated 10/16/06 noted irritability of bilateral L4, L5 and S1 with slight acute changes and decreased pattern on the left L3 while sparing the right. There was power loss bilaterally particularly on the left at L3 with less involvement on the right. Dr. noted on 02/27/07 that x-rays showed posterior translation of 3 on 4 of 4millimeters and L5 on 1 of 3millimeters. There was spondylosis at L3-4 and L5-S1 and minimally at L1-2. There was facet hypertrophy L3-4 and L5-S1 with rim lesions.

A 04/16/07 MRI of the lumbar spine with and without contrast showed L1-2 and L2-3 normal disc height and hydration with no bulges or protrusions and no canal or neural foraminal compromise. At L3-4 there was diminished signal consistent with degeneration and desiccation. Central protrusion indenting the thecal sac and causing mild stenosis of the canal but no foraminal stenosis. The L4-5 level showed no recurrent herniation, no compromise of the canal or foramina and no scar encasement. At L5-S1 there was mildly diminished signal consistent with mild disc degeneration and desiccation and mild disc bulge indenting the fat but no stenosis of the canal or the neural foramina.

The 04/18/07 discogram showed L1-2 severe concordant pain and annular tears without extravasation; L2-3 radial tears without extravasation with a firm endpoint and L3-4 radial tears more severe than the other discs. The physician noted that all levels produced pain. The post CT showed L1-2, 2-3, and 3-4 extravasation of contrast to the margin of annulus, no central or foraminal stenosis. There was an L4-5 posterior laminectomy and fusion with no central or foraminal stenosis. L5-S1 revealed no foraminal or central stenosis. Dr. reviewed all tests and felt that the claimant would benefit from decompressive laminectomy and

discectomy, foraminotomy left L3-4 and X-Stop between the processes at L2-3 and L3-4. The request was denied and has been appealed.

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

Based on review of the medical records provided and the Reviewer's training experience as a Board Certified Orthopedic Surgeon the request for decompressive laminectomy and discectomy on the left at L3-4 segment, X-stop between the spinous process L2-3 and L3-4 with two day inpatient stay is not recommended as being medically necessary. Official Disability Guidelines note that the X-stop device is currently FDA approved, but is considered an investigational device. Mr. is a patient who does not fall within the typical age of patients recommended for X-stop. The claimant also has a prior surgical history of the lumbar spine. There are multiple other issues with the proposed procedure in the Reviewer's opinion, specifically Dr. note of 12/15/05 documents x-rays showing hypermobility at the level L4 and L5. EMGs showed positive findings, x-rays showed a laminectomy at L5 with a solid fusion at 4-5. The instability at the L3-4 and L5-S1 levels on flexion, which corrected with extension, would be felt to accentuate with the flexion provided by the X-stop device. Based on the above, the Reviewer cannot recommend the requested procedures as medically necessary combining a decompression laminectomy and discectomy at L3-4 and then place an X-stop at L2-3 and L3-4 based on all of the above.

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 - Dynamic neutralization system

☐ **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)**