

**REVISED DECISION JUNE 18, 2007**  
**(See areas in bold print)**

**REVIEWER'S REPORT**  
**(Revised 06/18/07)**

**DATE OF REVIEW:** 06/06/07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
**Lumbar fusion w/3-day length of stay (22815, 63047, 63048, 22630)**

**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 assignment
2. Company request for IRO
3. Denial letters dated 08/07/06 and 12/15/06
4. Requestor's records with the initial note 07/07/06 and follow-up phone conversation with the family on 07/31/06
5. Myelogram report dated 08/10/06
6. Post myelogram CT scan on 08/10/06
7. Flexion and extension x-rays dated 07/27/06
8. X-rays of the lumbar spine dated 10/26/05 with dynamic MRI report dating 10/27/05
9. Carrier's records, over 100 pages long, dating back to the patient's initial injury; these were all reviewed. The most recent records were submitted and duplicated the requestor's records including records from spine surgeon, which were reviewed.

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

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The patient suffered a severe trauma after a 40-foot fall while on his job. He was admitted to the trauma center and had multiple surgeries for wrist fracture as well as mandible fracture. It was complicated by infection in the mandible and failure of the fracture fixation, ultimately necessitating a wrist fusion. The patient developed low back pain and left leg radicular pain. This was treated by the orthopedic spine surgeon. At the time of the initial injury, the surgeon did not feel that the patient had surgical pathology.

Because of persistent symptoms, mainly of low back pain, the patient saw the neurosurgeon, on 07/07/06. After his first visit, he recommended surgical fusion of the L5/S1 level and ordered dynamic x-rays and CT myelogram. The indications for surgery were low back pain.

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

This patient has axial low back pain and now, although he has had a history of radiculopathy, does not at this point. The requesting neurosurgeon requested lumbar fusion at the L5/S1 level due to disc protrusion and discogenic back pain. **While there is some disc bulging, imaging did not demonstrate compression at the L4/L5 level. Therefore, lumbar fusion as requested is not medically necessary at this time.**

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

*(Check any of the following that were used in the course of your review.)*

- 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.
- 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 (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)