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DATE OF REVIEW:

JUNE 26, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Anterior lumbar interbody fusion with decompression and instrumentation at L5-S1 with posterior lumbar fusion with decompression and instrumentation with anterior approach and four day length of stay

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

M.D. Board Certified

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

History and Physical, Dr., 03/02/06

Office note, Dr., 03/17/06

EMG/NCV report, 03/17/06

Prescription for physical therapy, 03/17/06, 05/15/06, 03/21/07, 03/23/07

Physical therapy progress reports, 04/07/05, 05/15/06, and 05/22/06

Office note, Dr., 04/13/06, 05/23/06, 07/20/06, 08/17/06, 09/07/06, 10/31/06, 01/25/07, 04/12/07, 05/03/07, 05/31/07

Operative report, 05/12/06, 07/13/06, 03/16/07

Physical therapy discharge evaluation, 05/22/06

Physical therapy initial evaluation, 07/26/06

Medical evaluation, Dr., 11/06/06

Note to Dr., 11/06/06

Note to Workman's Comp, 11/06/06
Functional capacity evaluation, 11/10/06
Office note, Dr., 12/08/06, 12/21/06, 01/05/07
Request for epidural steroid injection, 02/01/07
Request, undated
Physical therapy back/lumbar evaluation, 03/23/07
Pre-authorization request, undated
Review, Dr., 05/10/07
Note from the Patient to Dr., 05/20/07
MRI lumbar spine, 05/22/07
Review, Dr., 05/30/07
Request for independent review, 06/04/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The Patient is a male who developed left sided back and leg pain on xx/xx/xx while lifting a heavy stack of books. His history was significant for hypertension, migraines, depression, removal of a fatty tumor in xxxx and a left knee arthroscopy in 2001.

Dr. evaluated the Patient on xx/xx/xx for back and left leg pain. He was taking Altace, Restasis, Ultram, Ibuprofen and Naprosyn. Diffuse low back tenderness, left buttock tenderness, 1 plus Patella and Achilles reflexes bilaterally, some back pain with left straight leg raise and positive dorsiflexion on the left side were found on examination. Dr. documented that a lumbar MRI of 02/17/06 showed annular tears at L3-4 and L4-5. Core strengthening exercises, Flexeril, and a left lower extremity EMG were ordered. Dr. evaluation on 03/17/06 noted a positive straight leg raise on the left, sensory loss to pinprick on the left L4 and L5 and a reduced left knee jerk.

An EMG/NCV performed on 03/17/06 demonstrated findings consistent with a mild acute lumbar 5 radiculopathy. The Patient was re-evaluated by Dr. on 04/13/06 for continued low back pain, achiness of the left hip and improved left knee symptomatology. A fairly significant Faber's test on the left side was noted and x-rays that day showed some joint space narrowing in the left hip. Left hip labral tear with lumbar annular tears were diagnosed and referral to a specialist to better delineate his pain and an epidural steroid injection were recommended. An epidurogram was performed on 05/12/06 noting that the injection of the contrast material demonstrated free flow of the fluid up to approximately the L5-S1 disk space without cephalad migration of the contrast material.

On 07/13/06 a discogram of L3-4, L4-5 and L5-S1 was done and showed non-concordant pain at L3-4, mildly concordant pain at L4-5 and strongly concordant pain at L5-S1. At the 07/20/06 visit, the Patient was noted to have received a sacroiliac joint injection on the left the day before with some improvement; however he still had some separate low back pain which was exacerbated by the discogram. Mild lumbar tenderness and some left sacroiliac joint tenderness were seen on examination. Dr. stated that the discogram was positive for concordant pain at L5-S1 and negative at L3-4 and L4-5. Sacroiliitis on the left side with an annular tear at L5-S1 was diagnosed and continuation of therapy and off work was advised.

The therapy and manipulation were denied and the Patient had continued symptomatology. On 10/31/06 Dr. noted the Patient's complaints of worsening pain with pain in the left buttock in the gluteal region. There was quite a bit of tenderness over the left gluteal and sacroiliac joint region and a lot of pain with stress test of the left sacroiliac joint and 1 plus Patellar and Achilles reflexes bilaterally were noted on examination. He was referred to Dr. for the left sacroiliitis and a left sacroiliac joint injection was also recommended. On 11/06/06 Dr. stated that the Patient was not at maximum medical improvement as Dr. had recommended sacroiliac injections. A functional capacity evaluation performed on 11/10/06 revealed that the Patient was capable of lifting in the medium level of functioning, however his job feel within the heavy level. Therapy was prescribed.

Dr., DO, saw the Patient for manipulation and realignment on 12/08/06, 12/21/06 and 01/05/07 with improvement. At the 12/21/06 the Patient reported worse symptoms now on the right leg with an occasional feeling the right knee would give out. Dr. could not explain why the pain had moved from the left to the right. On 01/25/07 the Patient reported problems with the right sacroiliac. He also still had quite a bit of low back pain from the annular tear. The Patient continued treatment with a right L5-S1 transdermal injection on 03/16/07.

On 04/12/07, Dr. re-evaluated the Patient noting some significant improvement following the L5-S1 injection, however his pain had returned and had 60 percent back and 40 percent right leg pain. A little bit of straight leg raise test on the right for back pain, some positive gluteal tenderness on the right with some positive sacroiliac joint tenderness and positive paraspinal tenderness were noted on exam. The examination was essentially unchanged on 05/03/07. A repeat MRI and an anterior posterior fusion were recommended.

Dr. reviewed the requested surgery on 05/10/07 and denied it due to lack of instability. The Patient authored a letter of appeal on 05/20/07 stating that he had fallen twice and that a cane was recommended. An MRI of the lumbar spine on 05/22/07 revealed a possible transitional lumbosacral vertebra, disc disease at L1-2, L3-4 and L4-5, similar to the outside study on 02/17/06 and degenerative facet changes. Dr. reviewed the case for surgery on 05/30/07 and also denied it due to intact lower extremity sensation, and no instability or spondylolisthesis.

Dr. saw the Patient again on 05/31/07 at which time the Patient reported 30 percent back pain and 70 percent radiating leg pain. A positive straight leg raise on the right, back pain on the right and some positive gluteal tenderness on the right with positive paraspinal tenderness was noted on exam. Dr. indicated that the area he referred to in his notes should be correlated to L4-5 in the radiologist notes and resubmitted for L5-S1 treatment.

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

Under dispute is the determination of if the anterior lumbar fusion with decompression and fixation at L5-S1 as well as posterior lumbar fusion with

decompression and instrumentation with an anterior approach by Dr. is medically necessary.

The Patient appears to have had extensive low back pain with extensive conservative treatment as outlined in the summary. He appears to have failed such. Discography was performed on 07/13/06 and was found to show mildly concordant pain at L4-5 and strongly concordant pain at L5-S1.

Due to the Patient's failure to respond to conservative treatment and pain greater than six months in duration, the above mentioned surgical procedures would be indicated. A co-surgeon would be required for the anterior approach as this is not typically done by an orthopedic surgeon. A three day length of stay however would be appropriate rather than a four day inpatient stay.

It is unlikely that further conservative measures would help this Patient as he has failed all appropriate conservative treatment. Discography was concordant confirming the surgical levels. Therefore, due to the Patient's failure to respond to conservative treatment a fusion would be considered as outlined 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, (i.e. Low Back-Lumbar 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)