



**DATE OF REVIEW:** 06/26/07

**IRO CASE #:**

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

The services under dispute include a lumbar spinal fusion operation including a one day LOS in the hospital.

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

The reviewer is a Doctor who is board certified and has greater than 15 years of experience in this field.

**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)

The reviewer disagrees with the previous adverse determination regarding all services under review.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Letters: 4/25 and 5/14/2007.

Records from Carrier's Representative:

Discogram/CT: 3/19/2007.

MD, Reports: 4/11 and 4/25/2007.

Reports: 8/29/2005, 1/19, 3/2, 3/10/2007.

Texas Dept of Insurance, Report: 8/28/2006.

Additional Records, Doctor/Facility:

Reports: 8/29/2005 through 5/23/2007.

MD, Op Note of Knee: 10/4/2006.

Center, Reports: 12/12/2005 through 7/10/2006.

Center, ESIs: 1/10, 1/24, and 2/8/2006.

MRI, Ankle MRI: 12/5/2005.

Knee MRI: 10/6/2005.

Lumbar MRI: 8/22/2005.

Letter: 12/5/2005.

FCE: 9/29/2005.

MD, Report: 3/27/2006.

Additional Records: URA

Texas Dept of Insurance, letter: 6/12/2007.

MD, Letters: 3/27 and 3/31/2007.

Atty, Letter: 5/6/2007.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This male injured his lumbar spine, right ankle, and right knee in an MVA on xx/xx/xx. Injuries have resulted in an arthroscopy of the right knee in xx/xx/xx. Patient complains of low back pain with radicular type symptoms into both lower extremities, right greater than left. The radicular symptoms are associated with numbness and tingling which become more severe when sitting. Pain is described as being constant on a daily basis in his back and hip areas. Patient has been unable to work for the past two years.

Patient's physical examination reveals tenderness at the lumbo-sacral area, hyperextension causes increased pain, and arising from a sitting position also causes pain. Valsalva test causes increased pain. Reflexes are normal and muscle strength is 5/5.

Treatment has included multiple episodes of physical therapy, medications including NSAID, muscle relaxant, and analgesics. Patient has also worn a corset and uses a TENS unit. Three epidural steroid injections were given on 01/10, 01/24, and 02/08/2006.

MRI of the lumbar spine on 08/22/2005 reveals bulging disc at L2-3 with mild stenosis of the spinal canal, degenerative disc disease with disc bulge at L3-4, and a disc bulge at L4-5 with mild right sided neural foraminal stenosis. Lumbar discography on 03/19/2007 revealed concordant pain at L3-4 and L4-5. Patient has a sacralized L5 with a degenerated disc at L5-S1. The degenerative changes at L2-3, L3-4, and L4-5 were probably present before the accident, but the accident aggravated these pre-existing conditions.

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

This male has had an injury to his low back for two years. Symptoms have not improved with repeated physical therapy episodes, medications, and ESIs. MRI and discogram reveal the degenerated disc with concordant pain at L4-5 and L5-S1. Since the patient has not improved with all of the conservative care, he fits the ACOEM Guidelines for surgery. Patient has failed conservative care, has positive imaging and physical findings. According to Bucholz, Orthopedic Decision Making, the next step after all of the conservative care is surgical intervention with nerve root decompression and stabilization.

**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**
- 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)**