

# Clear Resolutions 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 12, 2007**

**IRO CASE #:**

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

L5-S1 decompression and fusion

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

M.D. Board Certified Orthopedic Surgeon

**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**

Notes, 09/25/93

Lumbar spine MRI, 04/13/04, 05/14/05

EMG/NCS, 04/18/05, 11/21/05

Office notes, Dr. 10/17/05, 02/01/06, 06/27/06, 09/04/06, 12/06/06, 03/01/07

Note, Dr. 12/05/05

Lower extremity evoked potential study, 12/01/05

Rebuttal letter, Dr. 04/18/06 and 04/1/107

RME, Dr. 05/30/06

Discogram, 01/31/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This Patient was diagnosed with clinical lumbar radiculopathy, suspected pars defect and facet disease in 1993. The records indicated that the Patient would have been a candidate for surgery but underwent vocational rehabilitation.

The Patient's back pain and bilateral leg pain reportedly continued and worsened. A MRI of the lumbar spine in May 2005 showed a grade I anterolisthesis of L5 on S1. An EMG/ NCS in November 2005 showed an acute irritability of L3 through S1 motor roots. Follow up physician visits in 2006 revealed the Patient with persistent low back and bilateral lower extremity pain. Examinations revealed severely diminished range of motion, decreased strength and decreased reflexes. X-rays dated 03/10/07 showed no changes with the Grade I spondylolisthesis at L5 with significant hypertrophy at L5- S1. A review of a discogram on 01/31/07 showed levels above L5- S1 to be normal with annular and circumferential tears without significant pressure. Surgery in the form of an L5- S1 decompression and fusion was recommended.

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

L5-S1 decompressions and fusion appears to be medically necessary. Based on the information this Patient has long standing complaints. Based on the medical records available to the Reviewer, there appears to be neurologic impairment at L4 and L5 at the lower extremities with diminished deep tendon reflexes at the Achilles and mildly at the patella. Sensation was intact. Prior to this the neurological examination was deemed intact. There was evidence of herniated nucleus pulposus at L5-S1 per MRI and chronic recurrent symptomatology and discogram was performed. There is evidence of flexion/extension slippage of a grade I on flexion/extension moving with demonstrable instability as well. Conservative treatment of anti-inflammatory medication, physical therapy and off work status dating back as far as 1993 was noted. Based upon the findings of instability, nerve compromise and an MRI demonstrating a herniated nucleus pulposus at L5-S1, The Reviewer believes that it is reasonable to proceed with the proposed surgery.

**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. 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)**