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 8, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Inpatient anterior discectomy, STALIF, bone graft, laminectomy, posterior lumbar interbody fusion, length of stay three days

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
EMG/NCV, 11/1/103
Lumbar spine MRI, 12/18/03
Operative reports, 09/14/04, 09/28/04, 11/23/04, 01/11/05, 01/18/05 and 02/06/07
Lumbar discogram, 07/28/05
Impairment rating, Dr., 09/16/05
Maximum medical improvement determination and impairment rating, Dr., 10/19/05

Report of medical evaluation, 10/11/06
Report of medical evaluation, 10/11/06
Office note, Dr., 10/11/06
Office notes, Dr., 04/12/07, 08/09/05, 12/06/05, 11/30/06, 01/23/07, 02/15/07, 02/22/07, 03/22/07 and 05/10/07
Surgery reservation sheet, undated
Cervical spine MRI, 12/18/03, 04/25/05
Left ankle and right shoulder MRI, 01/21/04
Office note, Dr., 04/28/04
Notice of disputed issue, 03/15/05
Office notes, Dr., 03/30/05, 05/04/05 and 08/01/05
Request for letter of causation, 05/19/05
Prescription for cervical spine muscle and range of motion study, 08/09/05
Office note, Dr., 09/09/05
Office note, Dr., 09/28/05
Request for continuance, 01/3/106
Contested case hearing notification, 02/09/06 and 02/16/06
Notice of disputed issue, 02/15/06
Decision and order, 03/13/06
Decision and entry of order, 03/17/06
Prescription, Dr., 03/16/07
Peer review, Dr., 04/24/07
Request for review by IRO, 05/08/07
Letter from friend of claimant, 05/09/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who fell off of a ladder, sustaining injuries to her neck, low back, right shoulder and ankle. A lumbar MRI performed showed a disc bulge at L3-4 and a disc herniation at L5-S1 with contact of both proximal S1 roots and slight displacement of the proximal right S1 root. A discogram on demonstrated 9/10 concordant midline back pain and a grade five annular tear at L5-S1. The claimant was treated with multiple conservative therapies including epidural steroid injections, physical therapy and medications. She was diagnosed with discogenic back pain and the medical records indicated that she suffered from severe depression. Dr. 05/10/07 dictation indicated a decision to wait until surgery is approved before ordering psychological screening. A request was made for authorization of L5-S1 anterior discectomy and fusion, posterior fusion and three day hospital inpatient length of stay.

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

The claimant is a woman who was apparently injured with a fall off of a ladder. Since that time she has had ongoing back complaints. She has undergone diagnostic testing to include a MRI of the lumbar spine that shows a central to right sided disc herniation with contact of the proximal S1 roots. She underwent epidural steroid injections without improvement and underwent a 07/28/05

lumbar discogram that showed concordant pain at L5-S1. She has also seen a number of different physicians including on 09/16/05 Dr. who documented pain and limitations in function as well as on 10/19/05 Dr. who documented significant over-reaction and symptom magnification. She was then seen on 10/11/06 by Dr. who documented inappropriate response to palpation. She continues to be under the care of Dr., who has requested an L5-S1 decompression and fusion.

In light of the fact that there is no documentation of structural instability in terms of abnormality on a flexion/extension films or abnormal position with spondylolisthesis, the fact that there is no progressive neurologic deficit or disuse muscle atrophy, and the fact that different physicians have documented symptom over-reaction in the past, I do not see the medical indication for an inpatient anterior discectomy, laminectomy fusion with a three day length of stay. While the Reviewer understands that this claimant had a discogram where she complained of pain at L5-S1, this was done almost two years ago. Since that time there has been no documentation of any objective ongoing physical findings in terms of neurologic deficit or structural instability or other abnormality. Thus the Reviewer does not see the medical indication for the requested surgery at this time.

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 – 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)**