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IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW: JUNE 20, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Posterior lumbar interbody fusion and decompression and transverse process fusion at L4-5 with additional level L5-S1, posterior internal fixation L4-L5/intraoperative decision L5-S1, bone graft allograft and autograft, iliac crest with bone marrow aspiration with two days in patient stay.

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

American Board of Orthopedics/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

Lumbar spine MRI with and without contrast, 03/10/05
EMG/NCS, 09/19/06
Caudal epidural steroid injection noted, 11/26/06
Myelogram, 01/30/07
CT post myelogram, 01/30/07

Office notes, Dr., 02/19/07 and 04/20/07
Adverse determination, 05/02/07
Adverse determination on reconsideration, 05/15/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male with a history of L4-5 and L5-S1 surgery followed by a fusion at the same levels. He has had ongoing low back and constant right leg pain to the foot as well as intermittent left leg pain.

A MRI of the lumbar spine without and with contrast showed an L5 pars spondylosis without spondylolisthesis and an L5-S1 anterior and probable posterior fusion with no focal protrusion and normal foramina. There was mild L4-5 and L5-S1 facet arthropathy with no stenosis. The EMG/NCS demonstrated acute and chronic bilateral radiculopathies at L5 and sensoriomotor polyneuropathy.

Dr. evaluated the claimant. In reviewing the history he noted that the claimant had suicidal and homicidal tendencies in 12/04 and that he smoked one pack per day. Medications were Effexor, Glucophage, Lortab, Lyrica and Methadone. X-rays showed a transverse process fusion right L4-S1 and intact interbody fusion at L5-S1 with a pars defect and the lamina still present at L5. Lateral rotation to the right caused right leg pain. Reflexes were absent at the knees and ankles. Straight leg raise was noted to be negative. Strength was 5/5. Lasegue's was positive on the right for leg pain. The impression was post fusion radiculopathy, unaddressed pain generators, right L5 radiculopathy, possible pseudoarthrosis L4 to 5.

A 01/30/07 myelogram revealed normal alignment. There was no nerve truncation or anterior extradural defects and contrast flowed freely. The post CT documented L3-4 abnormal disc contour with left post lateral bulging entering the foramen producing left foraminal narrowing. At L4-5 there was abnormal disc contour with bulging more to the left and into the foramen producing moderately severe intervertebral foraminal stenosis, central canal and lateral recesses patent. Zygapophyseal joints were normal. The L5-S1 anterior grafted fusion was solid and posterior zygapophyseal were fused solid.

Dr. treated the claimant with a translaminar injection that produced fifty percent improvement for several days. Dr. reviewed the CT and felt that there was a pseudoarthrosis at L4-5 and recommended a PLIF at L4-5 with decompression L4 to S1, and re-fusion right L4-5 with pedicle fixation. This has been denied on two occasions.

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

The claimant is a gentleman with ongoing back and leg complaints. He has apparently undergone an L4-S1 fusion with ongoing back and bilateral leg complaints. He has had a MRI of the lumbar spine with and without contrast showing his post-operative status as well as a EMG documenting an acute and chronic bilateral radiculopathy L5 as well as a sensory motor polyneuropathy. He has had a CT myelogram on 01/30/07 documenting

his post-operative status and is under the care of Dr. who has requested a posterior lateral interbody fusion L4-L5 with decompression L4-S1 and re-fusion right side, L4-5 and pedicle fixation. There is some documentation in the medical record of psychological issues but no clear documentation in the medical record of structural instability or localization of proven pain generators.

In light of the somewhat unclear diagnostic testing and lack of documented structural instability the Reviewer's medical assessment is that the requested surgical intervention is not medically necessary.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Low Back-Fusion

Orthopaedic Knowledge Update Spine 2; page 453

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)**
    - Orthopaedic Knowledge Update Spine 2; page 453