

C-IRO, Inc.

An Independent Review Organization
7301 Ranch Rd 620 N, Suite 155-199
Austin, TX 78726

DATE OF REVIEW:
MAY 31, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L4-5 laminectomy/discectomy TLIF L4-S1 transverse fusion/pedicle fixation/ two day length of stay

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

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

Lumbar spine MRI, 12/06/06
Office note, Dr., 01/15/07, 03/15/07 and 04/23/07
Study review, Dr., 01/15/07, 03/15/07 and 04/23/07
Lumbar CT/myelogram, 04/17/07
Utilization review, Dr., 05/01/07
Utilization review, Dr., 05/11/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This female underwent L4-5 laminectomy and discectomy in 1994 and 1999. Records indicate that she continued to have back pain, left buttock pain and some leg pain. Records also indicate that she had some residual neurological deficit following the 1999

surgery with some numbness in the lateral aspect of the left foot and some weakness in the left foot that was there prior to the 1999 surgery.

A 12/06/06 MRI of the lumbar spine demonstrated complete disc degeneration at L4-5 with I endplate changes, anterior spondylosis and posterior broad based complex bulge. There was disc desiccation at L2-3, L3-4 and L4-5 and a circumferential disc bulge at L5-S1. On 01/15/07 Dr. evaluated the claimant for continued back, left buttock and leg pain. The claimant was noted to have received epidural steroid injections in the past as well as Neurontin that had not been of any benefit. On exam strength was 5/5 except for toe extensors on the left at 5-/5. The claimant had some numbness of the dorsum of the left foot and lateral aspect of the calf. Reflexes were 1 plus and symmetrical. The diagnosis was post laminectomy appearance with a previous L4-5 laminectomy and marked disc space narrowing and possibly some foraminal narrowing as well. back exercises were recommended. The claimant was taking Vicodin and ibuprofen. On 03/15/07 Dr. documented that the buttock and leg pain were equal to the back pain. Flexion/extension views were done that did not demonstrate any significant movement.

A 04/17/07 lumbar CT/myelogram showed disc degenerative changes involving the lower lumbar spine from the L3-4 level to the L5-S1 level. The L4-5 level had narrowing of disc space with osteophytes and endplate degenerative changes. There was a broad based disc bulge greater on the left and laterally which encroached on the exiting left L4 nerve root. There was mild narrowing of the left neural foramen and a left laminotomy defect. L5-S1 had mild broad based disc bulge and mild bilateral neural foraminal narrowing.

On 04/23/07 Dr. indicated that the claimant had evidence of recurrent disc on the left at L4-5 with marked disc space narrowing and foraminal compromise. She had weakness in left toe extensors and was having a lot of pain. The physician recommended re-exploration at the left L4-5 level with a TLIF at L4-5 on the left and pedicle fixation L4 to S1. The claimant was instructed to stop smoking. The surgery was denied on Utilization review of 05/01/07 and 05/11/07.

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

Left L4-5 laminectomy, discectomy and TLIF at L4 to S1 at this stage does not appear to be medically appropriate nor reasonable in this claimant with L4-5 laminectomy and discectomy in years 1994 and 1999, diagnosed with postlaminectomy syndrome dating back to an injury where she was lifting a crate of glass balls in xx/xx/xx. She recently has had a reasonable course of conservative care and she has had advanced imaging studies, which based on the lumbar CT myelogram demonstrate L5-S1 mild broad based disc and mild bilateral neuroforaminal narrowing. There is evidence of L5 nerve impingement on physical examination. There is no clearcut involvement of the S1 nerve root. There is no evidence of instability. There is imaging that shows recurrent disc at L4-5. However there is no clinical evidence to warrant a fusion of the L5-S1 level in this female. Based on the medical records available for my review, the Reviewer does not think that it is reasonable to proceed with the above mentioned procedure.

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**
2007 Official Disability Guidelines, 12th edition, Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 5th edition). Low Back. Fusion (spinal).
- 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)**