

DATE OF REVIEW: MARCH 1, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L5-S1 Decompression/fusion with instrumentation and posterior interbody fusion and reduction of spondylolisthesis

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

Board Certified Family Practice Physician

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

- DO – Peer Review from 12/29/06
- MD – Peer Review from 1/23/07
- MD – Evaluations dated 9/13/06 and 12/1/06
- Diagnostic MRI – An MRI of the lumbar spine performed 10/18/06
- Radiology – 2 view x-rays of the lumbar spine obtained 10/20/04 and an MRI of the lumbar spine obtained the same date
- MD – Evaluations dated 4/21/05, 5/24/05, 6/21/05, 7/19/05, 8/19/05, 9/15/05 and 10/14/05
- MD – Page 2 and 3 of an evaluation from 9/16/05
- Center – Lumbar spine x-ray studies done 8/13/04
- MD – EMG and nerve conduction studies performed 6/14/05

PATIENT CLINICAL HISTORY [SUMMARY]:

This man was picked up and dropped by heavy equipment while working doing underground piping. He sustained an injury to his low back. He had low back pain and lower extremity cramping and numbness. Initial lumbar spine x-rays obtained were reportedly normal. However, subsequent x-rays and an MRI of the lumbar spine obtained reportedly showed a Grade 1 lytic spondylolisthesis at L5-S1 with foraminal narrowing at that level secondary to the spondylolisthesis.

The patient has had extensive conservative treatment including physical therapy, epidural steroid injections and medications. His symptomatology persists. A repeat MRI performed confirms a 5mm spondylolisthesis at L5-S1, although no spondylolysis is seen. There is a 3mm broad based bulge at L5-S1 and foraminal narrowing is again noted at that level.

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

IF THE INITIAL X-RAY REPORT IS ACCURATE AND NO SPONDYLOLISTHESIS OR SPONDYLOLYSIS WAS IDENTIFIED AT THAT TIME, THEN IT IS POSSIBLE THAT THIS PATIENT'S SPONDYLOLISTHESIS IS NOT DEVELOPMENTAL IN ETIOLOGY AS IS MOST COMMONLY THE CASE. HIS SPONDYLOLISTHESIS COULD BE POST TRAUMATIC IN NATURE. A BONE SCAN OBTAINED CONTEMPORANEOUSLY WITH THE ACCIDENT MAY HAVE HELPED TO DETERMINE THE ETIOLOGY OF THE SPONDYLOLISTHESIS. AN ABNORMAL BONE SCAN WOULD SUGGEST A POST TRAUMATIC ETIOLOGY. AT THIS POINT SUBSEQUENT TO THE INJURY, A BONE SCAN MAY BE NEGATIVE IRRESPECTIVE OF THE CAUSE OF THE SPONDYLOLISTHESIS.

THIS MAN HAS HAD CONSERVATIVE TREATMENT. IT HAS NOT BEEN HELPFUL. HE HAS ONGOING SYMPTOMATOLOGY RELATED TO HIS LOW BACK. IRRESPECTIVE OF THE CAUSALITY, A SYMPTOMATIC GRADE 1 SPONDYLOLISTHESIS NOT RESPONSIVE TO CONSERVATIVE TREATMENT IS AN INDICATION FOR SURGICAL INTERVENTION.

Medical Review of Texas

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
"CAMPBELL'S OPERATIVE ORTHOPEDICS", TENTH EDITION
"ORTHOPEDIC KNOWLEDGE UPDATE SEVEN" PUBLISHED BY THE AMERICAN ACADEMY OF ORTHOPEDIC SURGERY
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)