

IRO REVIEWER REPORT

DATE OF REVIEW: March 13, 2007

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Preauthorization denial for an inpatient two day stay for explantation of hardware from L3 to S1 with foraminotomies.

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

Texas License and currently on TDI DWC ADL.
Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Denial upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. xx/xx/xx – EMG/NCV.
2. 12/27/05 – CT lumbar spine.
3. 01/05/06-02/27/07 – Clinic, multiple reports.
4. 03/21/06 – MRI cervical.
5. 03/23/06-11/30/06 – Center, multiple reports.
6. 04/03/06 – EMG/NCV.
7. 04/07/06 – Medication review, Dr.
8. 01/05/07 – Preauthorization denial.
9. 01/26/07 – Preauthorization denial appeal.
10. 03/07/06 – TDI administrative records.

PATIENT CLINICAL HISTORY (SUMMARY):

The employee was injured many years ago while working. In the ensuing time, the employee has undergone numerous back surgeries including an L4-L5 discectomy and arthrodesis in 1992, a redo PLIF in 1994, an exploration of the fusion in 1998, a scar revision in 1999, facet injections and epidural injections in 2005 and 2006, and facet rhizolysis and rhizotomy in 2006.

The employee's most recent examination on 02/27/07 was reported by his treating surgeon, Dr., who reported significant back pain with a visual analog scale of 8/10. There was also numbness and tingling in both legs and both feet. The employee is a known diabetic and is currently taking Avandia and Metformin. He is taking both Gabapentin and Lyrica. For medical conditions, he is taking Lisinopril, Syna, and Ambien. For his pain, he is taking Oxycodone CR, Oxycontin 40 mg, and Oxycontin 15 mg p.r.n. He is also using Lidoderm Patches. The physical examination on that date noted diminished neurologic effect on the left compared to the right. Reflexes were symmetrical at the patella and Achilles.

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

After review of the medical records provided for this IRO, I agree with the previous position by Dr., that there is no credible evidence that this procedure would help the employee. Diagnostic studies including MRI and myelogram/CT have documented a stable arthrodesis from L3 to S1. Although the employee has degenerative changes in upper lumbar areas, his complaint of predominant back pain will not be helped in any way by a foraminotomy in that area. The employee is a known diabetic and is taking oral medication. He is overweight and has hyperlipidemia. The combination of the circulatory compromise along with the degenerative changes is the cause of much of his back pain.

According to the *Spine Treatment Guidelines*, treatment of a work related injury must be adequately documented for evaluation of effectiveness. There was no evidence that a possibly loose sacral screw removal would provide any relief of the back pain. The arthrodesis is stable, and there was no indication that the requested surgery would alleviate any subjective complaints. *Official Disability Guidelines* and other practice parameter guidelines support surgery for failed back spinal surgery rarely and only for very specific indications. The global back pain and non-radicular leg symptoms have remained essentially unchanged over time. Apparently, none of the surgeries or other procedures have significantly relieved the subjective complaints. The objective findings do not provide indications for this surgery. Therefore, after review of specific guidelines including *Official Disability Guidelines*, this request for surgery is denied.

Case No.:
Page Five

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER
CLINICAL BASIS USED TO MAKE THE DECISION:**

Spine Treatment Guidelines
Official Disability Guidelines