

## **IRO REVIEWER REPORT**

**DATE OF REVIEW:** 03/12/07

**IRO CASE NO.:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Items In Dispute: Anterior discectomy, ALIF, Posterolateral Fusion L4-S1.

**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:

Upheld.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

1. 04/03/03 – Three phase bone scan.
2. 06/09/04 to 12/06/06 – Multiple medical reports.
3. 06/11/03 – MRI of the lumbar spine.
4. 10/14/04 – TWCC-69, Dr.
5. 07/18/05 – EMG/NCV
6. 07/18/05 – Initial evaluation, Dr.
7. 06/28/06 – Pain Management.
8. 08/10/06 – Discogram results.
9. 12/15/06 – Orthopedics, Dr.

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee was injured while working on. She was standing on a stepstool when she missed the bottom rung and fell, landing on her back and right hip.

The employee was treated with physical therapy, medications, epidural steroid injection, and local injection. Her complaints consisted of pain in the low back radiating to the right leg.

A bone scan performed on 04/03/03 was normal with no focal spot sufficiency in the sacroiliac joints that appeared asymmetrical or abnormal.

An MRI of the lumbar spine was performed on 06/11/03 and reported minimal degenerative disc disease in the lumbar spine at L4-L5 and L5-S1 with no evidence of neural foramen narrowing or nerve root impingement.

The employee was examined by Dr. on 10/14/04, who performed a Designated Doctor Evaluation and found her to be at Maximum Medical Improvement (MMI) on that date with a 0% impairment. Dr. documented a normal neurological examination with symmetrical reflexes, strength, and sensation in the bilateral lower extremities. Gait was normal.

An EMG was performed by Dr. on 07/18/05 and revealed no evidence of lumbar radiculopathy, neuropathy, or myopathy.

Dr. examined the claimant on 06/28/06 and reported that an epidural steroid injection had alleviated 90% of the pain. The low back pain remained excruciating, but her leg pain was resolved.

A discogram was performed by Dr. on 08/10/06 and reported concordant pain at L4-L5 and L5-S1 with posterior extravasation of contrast. The CT post discogram reported Grade III extravasation at L4-L5 and L5-S1.

Dr. examined the employee on 12/15/06 and reported normal strength, sensation, and reflexes in the bilateral lower extremities. Dr. reported an obese female had back pain with straight leg raising. Dr. recommended discectomy, anterior lumbar interbody fusion, and posterior fusion at L4-L5 and L5-S1. This request was submitted for review by Dr., and the request was denied. The request was reexamined by Dr. and was again denied for lack of indication.

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

Dr. and Dr. documented in great detail the peer reviewed indication for surgery. This employee does not meet these criteria. The employee is normal neurologically and has no evidence of lumbar instability or fracture. *Official Disability Guidelines* report that an arthrodesis is not recommended for workers' compensation in the absence of spinal fracture, dislocations, spondylolisthesis, and selected other conditions. Arthrodesis performed specifically for degenerative disc disease is problematic. Extensive peer reviewed literature has reported poor outcomes in these individuals.

Therefore, after review of the medical records provided, after review of the denials, and after review of the consultation by Dr., it is my conclusion that this employee does not have indications for the requested surgery.

As an experienced spine surgeon, it has been my observation that many arthrodesis surgeries fail because they are performed without objective indication. The employee is an obese individual who continues to complain of subjective pain without objective findings that would verify the complaints. The extravasation of fluid in a discogram does not provide an indication for arthrodesis surgery. This request should not be approved.

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

*Official Disability Guidelines*