

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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DATE OF REVIEW: **MAY 11, 2007**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L4 PLIF and posterior lateral fusion with iliac crest grafting.

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

MD, Board Certified in Neurosurgery
Member of the American College of Surgeons

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

1. Texas Department of Insurance dated 4/26/07 which includes the previous reviewer's opinions and adverse determinations.
2. Apparently internal records describing the physician's as well as the previous reviewer's communications and positions.
3. Surgery pre-authorization request from Clinic as well as office notes dated 1/24/07 and 2/1/07 from Dr. orthopedic spine surgeon, making a request for a laminectomy, a wide decompression, total

fasciectomy and stabilization with pedicle screws, discectomy and posterior lumbar interbody fusion.

4. MRI scans from MRI dated 9/29/06 and from Center of dated 1/6/06.

5. Functional Capacity Evaluation finding that this patient's subjective reports to be considerably questionable when compared to his objective findings but also that this patient was capable of administrative assistant work and it was recommended that he return to full duty work without restrictions.

6. Clinic office notes from P.A. under the supervision of Dr.

PATIENT CLINICAL HISTORY [SUMMARY]:

Mr. is a gentleman, who was at work. He was inside a truck climbing off a pallet when a box the pallet was sitting upon gave way and he fell. He apparently fell backwards striking his back. While he did not initially report back pain (he was more concerned about his heart as he had had recent heart surgery), he later reported his back pain. It is now accepted that his degenerative disc disease is felt to be compensable. Since that time, the patient has apparently had physical therapy; he has had what one physician describes as an injection. Apparently he also had an EMG. There are no reports provided of the physical therapy, injection or EMG, either the results or the efficacy. He was finally felt to be at MMI and was given a 10% impairment rating. He has more recently seen Dr. an orthopedic spine surgeon, who feels that this patient should have an L4 fusion involving both PLIF and posterior lateral.

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

This gentleman is indeed complaining predominantly of low back pain but he has had two MRI scans which essentially are within normal limits for a gentleman. While it is practice to defer to the physician who has seen the images, the radiologist uses descriptors such as mild, narrowing and bowing without any real substantial embarrassment of neural elements. These descriptors are used throughout both the 1/6/06 MRI scan as well as the subsequent 9/29/06 scan. Dr. feels that this patient does have spinal stenosis and as the patient is complaining predominantly of back pain, a fusion is warranted. However, this patient does not have physical exam evidence of a radiculopathy, nor does he have imaging studies consistent with a radiculopathy and that automatically disqualifies him for a surgical procedure. It is axiomatic and is certainly supported by the recommendations for spine surgery made within Dr. Edward Benzel's *Textbook of Low Back Surgery* by Yeomann's *Textbook of*

Surgery. A patient should only be considered a surgical candidate when two of three of the following are positive: a physical exam, an imaging study or an electrodiagnostic study. Obviously this patient failed on two of those three. With regards to the EMG, there were no results submitted. As far as a fusion, it is unclear why L4 is felt to be the area that needs be fused. Dr. certainly is aware that there is also decreased signal at the L5 space and based upon these subtle findings could also use this rationale to involve L5, which of course is inappropriate. This is at best an educated guess as to what level is involved. There are no records submitted of a comprehensive physical exam on this patient.

In addition, this patient has also been found during his functional capacity evaluation to have complaints beyond objective findings raising the issue of reliability. There are no objective physical exam findings, there are no reliable imaging abnormalities and in the setting of a workman's comp claim with symptoms felt to be questionable by an evaluating physician, this is a situation in which we can only predict that this patient will fail from a spinal fusion.

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
 - Dr. Edward Benzel's *Textbook of Low Back Surgery*
 - Yeomann's *Textbook of Surgery*
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)