

CompPartners

Notice of Independent Review Decision

DATE OF REVIEW: 5/7/07

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the appropriateness of the previously denied request for 2-level lumbar fusion.

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

Texas licensed DO in orthopedic surgery and is currently listed on the TDI/DWC ADL list.

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)

The previously denied request for a 2-level lumbar fusion.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Fax Cover Sheets dated 4/20/07, 4/19/07, 2 pages.
- Notice of Assignment of Independent Review Organization dated 4/20/07, 1 page.
- Notice to Inc. of Case Assignment dated 4/20/07, 1 page.
- Submission of Request for Independent Review Organization (IRO) dated 4/19/07, 1 page.

- **Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 4/19/07, 1 page.**
- **Company Request for Independent Review Organization dated 4/19/07, 6 pages.**
- **Request for a Review by an Independent Review Organization dated 4/10/07, 3 pages.**
- **Letter dated 4/27/07, 5 pages.**
- **Adverse Determination Notification Letters dated 3/6/07, 3/1/07, 9/20/05, 6 pages.**
- **Advanced Restrictions Notification Letter dated 12/15/04, 2 pages.**
- **Office Visit Follow-Up Reports dated 2/12/07, 1/18/07, 12/7/06, 11/16/06, 11/2/06, 10/13/06, 9/14/06, 7/27/06, 6/12/06, 4/27/06, 3/20/06, 2/13/06, 1/6/06, 11/17/05, 10/6/05, 8/18/05, 7/7/05, 6/2/05, 5/9/05, 4/1/05, 2/7/05, 81 pages.**
- **Pre-Operative Office Visit Report dated 5/24/06, 2 pages.**
- **Phone Note dated 7/11/05, 1 page.**
- **Follow-Up Visit Notes dated 1/3/05, 12/28/04, 12/13/04, 12/6/04, 11/29/04, 5 pages.**
- **Peer Reviewer Final Report dated 3/5/07, 2/28/07, 8 pages.**
- **Approval Request dated 9/14/05, 1 page.**
- **Amended Report of Medical Evaluation dated 1/30/07, 1 page.**
- **Reports of Medical Evaluations dated 1/11/07, 11/3/06, 1/9/06, 8/25/05, 9 pages.**
- **Texas Worker's Compensation Work Status Report dated 2/12/07, 1/18/07, 1/11/07, 12/05/06, 9/14/06, 7/27/06, 6/29/06, 5/25/06, 4/27/06, 3/20/06, 1/6/06, 11/17/05, 10/6/05, 8/18/05, 7/7/05, 6/2/05, 5/9/05, 4/1/05, 1/6/05, 1/3/05, 12/28/04, 12/13/04, 12/6/04, 11/29/04, (unspecified dates), 28 pages.**
- **Progress Note dated 12/27/04, 2 pages.**
- **Daily Note dated 12/27/04, 12/23/04, 12/21/04, 12/20/04, 12/17/04, 12/15/04, 12/13/04, 12/10/04, 18 pages.**
- **Initial Evaluation/ Report dated 12/8/04, 6 pages.**
- **Physical Therapy Scheduling Form dated 12/6/04, 1 page.**
- **Assessment Report (unspecified date), 21 pages.**
- **Bills dated 2/14/06, 2/13/06, 2/10/06, 2/9/06, 2/8/06, 2/7/06, 2/6/06, 2/3/06, 2/2/06, 2/1/06, 1/31/06, 1/27/06, 1/26/06, 1/25/06, 1/24/06, 1/23/06, 1/20/06, 1/19/06, 1/18/06, 1/16/06, 20 pages.**
- **Daily Treatments Documentations dated 2/14/06, 2/13/06, 2/10/06, 2/9/06, 2/8/06, 2/7/06, 2/6/06, 2/3/06, 2/2/06, 2/1/06, 1/31/06, 1/27/06, 1/26/06, 1/25/06, 1/24/06, 1/23/06, 1/20/06, 1/19/06, 1/18/06, 1/16/06, 20 pages.**
- **Educational Progress Notes 2/14/06, 2/13/06, 2/10/06, 2/9/06, 2/8/06, 2/7/06, 2/6/06, 2/3/06, 2/2/06, 2/1/06, 1/31/06, 1/29/06, 1/27/06, 1/26/06, 1/25/06, 1/24/06, 1/23/06, 1/22/06, 1/20/06, 1/19/06, 1/18/06, 1/16/06, 50 pages.**
- **Relaxation Training Notes dated 2/14/06, 2/13/06, 2/9/06, 2/8/06, 2/7/06, 2/6/06, 2/3/06, 2/1/06, 1/31/06, 1/26/06, 1/24/06, 1/23/06, 1/19/06, 1/18/06, 1/16/06, 21 pages.**

- **Individual Psychotherapy Progress Notes dated 2/8/06, 2/2/06, 1/24/06, 1/19/06, 4 pages.**
- **Follow-Up Examination Notes dated 1/10/06, 4/13/05, 4 pages.**
- **Patient Profile Sheets dated 10/6/06, 5/9/05, 2/7/05, 4 pages.**
- **Worker's Compensation - Patient Profile (unspecified date), 1 page.**
- **Worker's Compensation Verification for Diagnostic/Surgical Procedures dated 3/1/07, 2/23/07, 4 pages.**
- **Worker's Compensation Verification for Surgery or Hospitalization dated 6/13/05, 5/12/05, 1/19/05, 3 pages.**
- **Lumbar Spine Myelogram followed by Exam dated 2/6/07, 3 pages.**
- **Lumbar Spine Discogram followed by CT Exam dated 6/23/05, 3 pages.**
- **Test and Procedure Routing Form dated 10/10/05, 6/2/05, 5/9/05, 2/16/05, 1/19/05, 5 pages.**
- **Anesthesia Record dated 5/30/06, 4/20/06, 2/16/06, 1/30/06, 3/15/05, 5 pages.'**
- **Procedure and Anesthesia Record dated 6/23/05, 1 page.**
- **Peer Reviewer Final Reports dated 4/11/06, 5/10/06, 3/24/06, 3/7/06, 1/30/06, 10/3/05, 9/20/05, 5/3/05, 4/5/05, 3/1/05, 1/27/05, 23 pages.**
- **Clarification Letters dated 1/30/07, 5/4/05, 2 pages.**
- **Follow-Up Consultation Reports dated 12/26/06, 11/28/06, 7/24/06, 4/25/06, 4/3/06, 7/28/06, 1/31/06, 1/10/06, 3/29/05, 20 pages.**
- **Request for Concurrent Review and Re-Authorization/Continuation of Chronic Pain Management (unspecified date), 5 pages.**
- **RS Medical Prescription/Statement of Medical Necessity dated 3/28/06, 2/18/06, 2 pages.**
- **Confidential Diagnostic Interview dated 11/28/06, 4 pages.**
- **Work/School Status Form dated 8/1/06, 1 page.**
- **Neurophysiological Monitoring Report dated 5/30/06, 1 page.**
- **Supplemental Information/Review of Medical History/Physical Examination/Impairment Rating Calculation and Detail dated 1/11/07, 11/3/06, 8/25/06, 1/9/05, 26 pages.**
- **Progress Notes dated 4/3/07, 3/15/07, 3/8/07, 3/1/07, 2/20/07, 1/25/07, 1/24/07, 1/9/07, 1/3/07, 12/27/06, (unspecified date), 11 pages.**
- **Patient Demographics dated 1/10/06, 1 page.**
- **Psychiatric Evaluation Report dated 4/18/05, 4 pages.**
- **Electromyogram and Nerve Conduction Studies Report dated 2/1/06, 3 pages.**
- **Lumbar Spine MRI dated 1/12/05, 2 pages.**
- **Lumbar Spine Myelogram dated 2/6/07, 5 pages.**
- **Operative Report dated 5/30/06, 4/20/06, 2/16/06, 1/30/06, 3/15/05, 11 pages.**
- **Initial Consultation dated 3/23/05, 1/6/05, 4 pages.**
- **Follow-Up Note dated 2/27/07, 2 pages.**
- **Examination Report dated 4/3/07, 1/25/07, 8 pages.**
- **Medical Necessity Letter dated 3/27/06, 3/14/06, 10 pages.**
- **Articles (unspecified date), 6 pages.**

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Age:

Gender: Male

Date of Injury:

Mechanism of Injury: Lifting objects onto a shelf.

Diagnosis: Lumbar pain; discogenic back pain; failed back surgery syndrome; status post L4-5, L5-S1 laminectomies; status post anterior cervical decompression and fusion (ACDF) C6-7.

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

The patient was originally injured lifting objects onto a shelf, with a sudden onset of pain, without radicular pain. The patient did have a positive history for prior laminectomy/diskectomy at L4-5 and L5-S1, and ACDF at C6-7.

The patient first saw Dr.. He noted guarded and slow movements with palpable tenderness, limited lumbar flexion, and guarded gait. The patient was given Robaxin and Darvocet and placed on restricted duty. On December 6, 2004, the patient was started on physical therapy by Dr.. The patient continued treating with Dr. until referral for an orthopedic evaluation on January 6, 2005. P.A.-C., saw the patient at Dr. office. On physical examination, Ms. noted 5/5 motor strength, with normal muscle tone. Neurologically 2+ deep tendon reflexes were noted, straight leg raising on the right reproduced low back pain and on the left caused low back and hip pain. Sensation was decreased in the left big toe and on the inside of the left foot. It was noted that it had been present since the 1997 surgery. X-rays revealed mild narrowing at L5-S1. Voltaren was prescribed and stabilization exercises were recommended.

An MRI with Gadolinium was requested and performed on 1/26/05, which revealed postsurgical changes at L4-5 and L5-S1, with no evidence of significant epidural scarring or neural impingement. Concentric annular bulging most apparent at L4-5 was noted, with no distinct recurrent disk herniation or neural impingement. Posterior facet joint osteoarthritis was noted throughout the lower lumbar spine. On February 10, 2005, Dr. recommended nerve root blocks. The nerve root blocks were performed on March 17, 2005 and then on March 29, 2005, Dr. evaluated the patient and recommended discography. The discography was performed and revealed a fairly large degree of extravasation in the epidural compartment consistent with posterior tear in the annulus,

with concordant L5-S1 pain and no pain at L4-5. The post-discographic CT revealed posterior annular tears at L4-5 and L5-S1.

The patient was taken off work by Dr. on January 6, 2006, and started in a chronic pain program for 20 sessions. After the 20 sessions were performed, it was noted the patient did not wean off any medication nor had it benefited the patient in retaining employment. A trial spinal cord stimulator was implanted April 20, 2006 and on April 25, 2006 Dr. indicated 80% overall improvement, with 70% of neuropathic pain decreased. Then on April 27, 2006, Dr. indicated the pain had improved but had not gotten much stimulation in the low back. On May 30, 2006 a permanent stimulator was implanted. Dr. noted on July 24, 2006, that leg pain was significantly improved and there was residual low back pain with extension, tilt, and rotation. The patient was returned to light duty on 8/1/06. By October 13, 2006 the patient was still having significant leg and low back pain. At that time, Dr. felt the patient had failed all conservative measures and artificial disc replacement surgery was recommended.

The November 2, 2006 report indicated the patient had a normal posture and gait, with normal pulses and no focal neurological deficits, sensation was intact, normal reflexes and coordination were noted, and muscle strength and tone were normal. There was a negative sitting straight leg raise both right and left.

The patient had attended individual psychotherapy sessions with. On January 11, 2007 Dr. deemed the patient at maximum medical improvement (MMI) and gave a 5% impairment rating. After denial of the artificial disc replacement procedure, Dr. on January 18, 2007, recommended a fusion. On February 6, 2007, a lumbar myelogram revealed the laminectomy defect at L4-5 and L5-S1, without findings of arachnoiditis or pseudomeningocele formation. There was a moderate degree of effacement of the ventral subarachnoid space at L4-5, with underfilling with contrast of the left more than the right L5 nerve sleeve and peripheral underfilling asymmetrically of the left S1 nerve sleeve. There was a small to moderate degree of effacement of the ventral arachnoid space at L5-S1 and a small degree at L3-4. The post myelogram CT revealed a left greater than right lateral recess narrowing at L4-5, with a 4-5 mm broad-based protrusion eccentric to the left minimally effacing the left ventral thecal sac; no significant stenosis was noted; minimal posterior displacement L5 nerve root on the left; and 3-4 mm protrusion eccentric to the right minimally flattening the S1 nerve root was noted at L5-S1. On February 7, 2007, Dr. again recommended standalone anterior lumbar interbody fusion (ALIF) at L4-5 and L5-S1.

The rationale for non-certification of the requested ALIF at L4-5 L5-S1, is the patient does not meet the Official Disability Guidelines criteria, as there was no spinal instability documented, no focal neurological deficits were noted, no distinct compression of a nerve root was noted, and fusion for discogenic disease and pain alone has not been proven effective. Also, the patient's anxiety disorder which has required psychological treatment could significantly affect the surgical outcome.

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

[Check any of the following that were used in the course of this review.]

X ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE. Chapter 12.

- 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.

X ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES. Official Disability Guidelines, Treatment Index, 5th. Edition, 2006/2007.Low Back Fusion

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHRIOPRACTIC QUALITY ASSURANCE AND 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).

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.