

MATUTECH, INC.

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DATE OF REVIEW: MAY 16, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient 1-2 days' stay for lumbar laminectomy with fusion and instrumentation from L4 through S1 at Shannon Medical Center

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

The physician providing this review is a spinal neurosurgeon. The reviewer is national board certified in neurological surgery. The reviewer is a member of the Neurological Surgeons, Neurological Surgeons Medical Association, and Medical Association. The reviewer has been in active practice for 38 years.

REVIEW OUTCOME

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

Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

M.D.

Office notes
Radiodiagnostics (01/02/07)

Texas Association

Radiodiagnostics
Electrodiagnostics (07/20/06)
Office notes
Utilization reviews (04/04/07 – 04/18/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who experienced severe low back pain radiating to the lower extremities (right greater than left) while lifting a refrigerator.

magnetic resonance imaging (MRI) of the lumbar spine was negative. *Per TASB, the patient was placed at maximum medical improvement (MMI) as of January 4, 2005, and whole person impairment (WPI) rating of 10% was assigned.* a repeat MRI revealed bridging left paravertebral ossification at L1-L2 and L3-L4 (differential diagnoses would be mild spondylosis deformans, Reiter's

disease, or psoriasis) and asymmetric degenerative facet osteoarthritis at the lumbosacral junction producing minimal extradural nerve root displacement within the lateral recess. Lower extremity electromyography/nerve conduction velocity (EMG/NCV) studies in 2006 were unremarkable.

The patient was evaluated by M.D., a neurosurgeon. The patient had been initially treated for severe chronic lumbosacral strain with three lumbar epidural steroid injections (ESIs), physical therapy (PT), and medications (Celebrex, hydrocodone, and tizanidine). The patient felt that he was getting worse. In 2007, a lumbar myelogram was obtained which demonstrated slight effacement of the anterior aspect of the thecal sac at L5-S1. Post-myelogram computerized tomography (CT) revealed slight left anterolateral deformity of the thecal sac at L3-L4 with left paramedian disc bulge with facet hypertrophy producing mild-to-moderate narrowing of the left neural foramina; mild left paramedian disc bulge and deformity of the thecal sac at L4-L5 with facet hypertrophy and ligamentum flavum thickening producing left foraminal narrowing and mild right foraminal narrowing.

Dr. recommended a discogram to ascertain the pain generator. However, the discography was denied, and so he requested lumbar decompression, fusion, and instrumentation from L4 through S1, purchase of a thoracolumbosacral (TLSO) back brace, and one night stay for the surgery.

On April 4, 2007, M.D., denied the request for two-day stay for the lumbar fusion surgery. The rationale was: *No documentation of psychological evaluation prior to surgery per ODG.*

On April 18, 2007, M.D., denied the request as it failed to meet ODG criteria for fusion (no psychological evaluation was performed and there was no evidence of neural compromise, significant disc pathology, or instability).

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

Medical material reviewed listed numerically included:

1. The patient's clinical history with summary with denials for service.
2. Lumbar MRI report by M.D.
3. Lumbar MRI report on August 26, 2005
4. EMG report on July 20, 2006 by M.D.
5. Notes by M.D., performed
6. A lumbar CT myelogram report of January 2, 2007, by M.D.

This case involves a now male who developed low back pain with lower extremity pain, clear on the right after lifting a refrigerator. An MRI performed was felt normal showing no evidence of pathology, which would explain his continued pain. The pain continued despite physical therapy and rest and medications and epidural steroid injections on three occasions. A repeat MRI showed pathology at L1-L2 and L3-L4 with some questionable difficulty at L5-S1 primarily to the left in the form of foraminal stenosis from facet change. The CT lumbar myelogram done on

January 2, 2007, showed some questionable midline L5-S1 impingement of the thecal sac, and in addition some difficulties potentially at L4-L5, but this was mainly to the left in the form of a “small disc herniation possibility.” There was nothing to suggest instability on any of the examinations.

I agree with denial for the proposed operative procedure. Discography was requested and we denied and despite this denial and the lack of information that may have been obtained from that the surgeon has proposed going ahead with a major two-level operative procedure. The proposed procedure including decompression of nodes and fusion is not felt indicated for several reasons. There was nothing on examination or on the imaging tests or myelogram to suggest changes that are surgically correctable and relate to his symptoms. The major changes on all of the examinations are on the left side was the patient’s pain is primarily into the right lower extremity. There is nothing such as instability demonstrated with flexion and extension views and not only is his examination not compatible with major nerve root compression but electrodiagnostic testing also has been normal suggesting the lack of any nerve root irritation. With the lack of any clear pathology that is surgically correctable in the lumbar spine, a major procedure such as the one proposed frequently without success in dealing with the trouble but it is not indicated. Also, the extent of the procedure is such that the complications may lead to more difficulty than the patient presently has.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

“Guidelines developed by the reviewer over 38 years of evaluating spinal surgical problems.”