

# I-Decisions Inc.

*An Independent Review Organization*

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## Notice of Independent Review Decision

**DATE OF REVIEW: NOVEMBER 6, 2007**

**IRO CASE #:**

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

Transforaminal lumbar interbody fusion L4-S1

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

M.D., Board Certified Orthopedic Surgeon

### **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)

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

Denial, 09/17/07

Peer review, 10/01/07

ODG Guidelines and Treatment Guidelines

ER report, 04/18/07

MRI Lumbar spine, 04/24/07

Office notes, Dr., 06/14/07, 06/26/07, 10/08/07

ESI, Dr., 07/11/07,

Office notes, I 07/18/07, 08/09/07, 09/06/07

Discogram and CT, 08/21/07

EMG/NCS, 08/22/07  
RME, Dr., 09/20/07  
Work Status 04/18/07, 04/24/07  
Injury Report 04/24/07  
Request 08/14/07  
08/17/07  
Reference  
Dr. 10/11/07  
IRO Summary 01/18/07  
Physical Therapy 2007

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a xx year old injured on xx/xx/xx while lifting at work. A lumbar MRI on 04/24/07 showed L2-3 and L3-4 dessication. At L4-5 there was mild degenerative disc disease with a 3 millimeter broad based bulge just left of midline extending to the right posterolateral location as well as an annular tear and mild to moderate facet arthritis. At L5-S1 there was moderate degeneration with a right paracentral herniation with displacement of the right S1 nerve root, mild right foraminal stenosis and mild bilateral facet arthritis but with no significant foraminal stenosis.

On 06/14/07 Dr. saw the claimant for back pain and noted that he was taking Soma and Vicodin and had been treated with 6 sessions of therapy. On examination he had pain to palpation mid and lower lumbar with spasm and reflexes were symmetrical. The claimant had full straight leg raise but there was gluteal and posterior thigh pain on the left at the end. The claimant was able to toe and heel walk. The impression was L4-5 disc bulge on right with pain and sprain/strain.

On 06/26/07 Dr. saw the claimant for back and right leg pain and leg pain that was occasional. There was some numbness, tingling and weakness. On examination the claimant had strength of 4+/5 bilaterally and pain with hyperextension with a positive Patrick's test and SI. Dr. provided ESI without benefit. On the 07/18/07 examination there was an ankle reflex decreased to 1 plus with 4 plus weakness on the right but no weakness on the left. A right L4 and 5 nerve root block was given on 07/18/07 without benefit.

The claimant returned on 08/09/07 to Dr. with 90 percent low back pain and 10 percent bilateral radicular pain. The claimant was referred for studies. A 08/21/07 discogram and CT showed L4-5 and L5-S1 disc disruption. L4-5 had concordant pain. At L5-S1 there was severe pain at the endpoint and then she reported kind of sharp pain that was sometimes also present. L3-4 normal. On the 08/22/07 EMG/NCS there was suggestion of right L5-S1 radiculopathy. On that examination there was positive straight leg raise on the right at 30 degrees and left at 55 degrees and spasm. Patellar and Achilles reflexes were brisk but there was weakness of the right dorsiflexors at the ankle and plantar flexion as well as decreased sensation of right L5-S1.

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

Transforaminal lumbar interbody fusion at L4 through S1 does not appear to be medically necessary according to the information provided.

The claimant has over six months of symptoms since a reported injury on xx/xx/xx. The claimant has been treated with therapy, medications, epidural steroid injections, and selective nerve root block. Electromyogram/nerve conduction study demonstrates an L5-S1 radiculopathy. A discogram demonstrates concordant pain at L4-5 with some pain at L5-S1. Though the claimant fulfills many of the ODG criteria for fusion, there is no evidence of a psychiatric evaluation/psychosocial screen for the claimant. Therefore, the patient does not fulfill all ODG criteria, and the requested surgery does not appear indicated according to ODG requirements.

#### Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Low Back

Not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction, but recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria outlined in the section below

**Pre-Operative Surgical Indications Recommended:** Pre-operative clinical surgical indications for spinal fusion should include all of the following:

- (1) All pain generators are identified and treated; &
- (2) All physical medicine and manual therapy interventions are completed; &
- (3) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or discography (see [discography criteria](#)) & MRI demonstrating disc pathology; &
- (4) Spine pathology limited to two levels; &
- (5) [Psychosocial screen](#) with confounding issues addressed.
- (6) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing

**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 (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)