



## IMED, INC.

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### **IRO REVIEWER REPORT**

**DATE OF REVIEW:** 10/05/07

**IRO CASE NO.:**

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

Items in Dispute: Request for a lumbar fusion at L5-S1 with bone morphogenic protein and cages with three day inpatient stay.

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

Texas License  
Board Certified Orthopedic Surgeon

**REVIEW OUTCOME:**

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

Denial Upheld

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

1. MRI of the lumbar spine dated 07/11/01, 04/03/07.
2. Medical records from Dr. 08/06/01.
3. Medical records from Dr. 12/27/01.
4. Physical therapy records.
5. Functional Capacity Evaluation, 03/07/02.
6. MRI of the lumbar spine dated 07/31/02.
7. Medical records from Dr., 09/25/02.
8. Designated doctor reports, 01/29/03 & 08/06/03.
9. Medical records from Dr., 04/09/03.
10. Treatment records from D.C., 05/23/03.
11. Psychiatric evaluations.
12. Impairment rating dated 11/03/03.
13. EMG/NCV study dated 12/01/03.
14. MRI of the lumbar spine dated 02/11/04.
15. Medical records from Dr. 02/12/04.
16. Medical records from Dr. 08/29/06.
17. Report of lumbar discography dated 04/03/07.
18. Psychiatric evaluation dated 05/30/07.
19. Medical records from Dr., 08/29/07.

20. Denials dated 03/19/07, 07/03/01. **ODG** spinal fusion included.

**INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):**

The employee is a female who was reported to have sustained an injury to her low back.

The available medical records indicate that the employee was evaluated by Dr. on 08/06/01. Dr. reported that the employee had a herniated disc at L5-S1 with an extruded fragment effacing the S1 nerve root. Dr. reported approximately 65% collapse of the L5-S1 disc space. The employee reported low back and right lower extremity pain. Dr. noted straight leg raising caused back pain and hamstring pain on the right. Straight leg raising was negative on the left. Motor strength was intact. Sensory was intact. There was a slightly depressed ankle jerk on the right. Dr. opined that the employee had an examination consistent with an S1 radiculitis from a herniated disc at L5-S1.

The employee was recommended to undergo transforaminal epidural steroid injections.

When seen in follow-up, this was reported to have eliminated the employee's leg pain. The employee was subsequently referred for physical therapy.

A new MRI of the lumbar spine was performed on 07/31/02. This study revealed a small central disc herniation with minimal impingement upon the nerve rootlet exiting at S1-S2 on the right.

The employee received a second epidural steroid injection, and the records suggest she returned to work in a sedentary capacity. The employee was later referred for pain management.

A psychological consultation indicated the employee had a chronic pain disorder.

The employee continued to experience low back pain and was subsequently referred for a new MRI on 02/11/04. This study reported degenerative disc disease with minimal lumbar spondylosis at L5-S1 with less impingement upon the nerve root exiting S1-S2 now than before.

The employee later came under the care of Dr. A clinical note dated 06/28/06 indicated that the employee originally injured her low back as a result of lifting a box and that she was previously diagnosed with a lumbar strain and subsequently underwent MRI which indicated disc herniation at L5-S1. The employee was reported to have attempted to return to work several times and has changed treating physicians multiple times. The claimant is currently off work. It was indicated that the claimant received physical therapy which helped with the pain in her leg. The claimant reported occasional numbness and aching in her buttocks. Upon physical examination, the employee was reported to have normal ankle reflexes and intact sensation. Straight leg raising was reported to be negative at 60 degrees. Lumbar range of motion was markedly reduced. Lower extremity motor strength was rated as 5/5.

The employee was referred for Functional Capacity Evaluation (FCE) on 07/18/06. The employee was reported to have extremely positive Waddell's signs with six being positive. The employee's physical demand level was determined to be sedentary.

The records indicate that the employee eventually underwent lumbar discography on 04/03/07 and was reported to have produced concordant pain at L5-S1. The disc morphology was reported to be abnormal; however, there was no indication that a control disc was performed.

The employee was referred for psychiatric evaluation and was found to be a suitable candidate for operative intervention.

The records indicate that the employee had also been previously referred for MRI of the lumbar spine, which again revealed a degenerative disc at L5-S1 with generalized annular bulging.

The employee was seen in follow-up on 04/10/07. Dr. recommended a posterior lumbar interbody fusion with hardware. The employee's physical examination was grossly unchanged. Sensory was intact. Motor strength was intact. There was no evidence of abnormal reflexes.

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

The available medical records indicate that the employee has had chronic and intractable low back pain for many, many years. The employee has undergone extensive conservative treatment which has consisted of physical therapy, oral medications, and epidural steroid injections. The employee has intermittently responded to this conservative care and subsequently returned to a baseline chronic state.

The employee was later referred for lumbar discography which tested a single level at L5-S1 and reported concordant pain. The validity of this study is called into question. In order to be performed properly, lumbar discography must include a control disc and the test must be performed in a blinded fashion. This does not appear to be the case according to the procedure report.

Further, the available records do not indicate that the employee has undergone flexion or extension views, and therefore, the stability of the lumbar spine is unknown.

Given the improperly performed lumbar discography along with the lack of flexion/extension films to establish the stability of the lumbar spine, this request would not be considered medically necessary at this time.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

- A. The *Official Disability Guidelines*, 11<sup>th</sup> edition, The Work Loss Data Institute. Accessed Online
- B. The *American College of Occupational and Environmental Medicine Guidelines*. Chapter 12. Low Back Complaints