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IRO America, Inc.

DATE OF REVIEW: SEPTEMBER 27, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L5-S1 Lami PLIF, PISF three days length of stay

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

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

MRI lumbar spine 08/15/06  
MRI lumbar spine 08/21/06  
Office note of Dr. 11/27/06, 01/09/07, 02/06/07, 03/05/07, 04/06/07, 05/04/07, 06/21/07, 07/24/07  
Pre-op history and physical 12/11/06  
X-rays lumbar spine 12/28/06  
Operative report 12/29/06  
Office note of Dr. 05/03/07  
MRI lumbar spine 07/16/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who is status post a left L5-S1 hemilaminotomy; lateral recess decompression which was performed on 12/29/06. Dr. indicated that intraoperatively the SI nerve root was extremely swollen and erythematous. At the 01/09/07 evaluation the claimant reported complete resolution of her leg pain, but noted back pain and left lower extremity numbness since about three days postoperatively, particularly when

sitting with occasional give way. She was taking Vicodin and Soma. The incision was very well healed. The staple was removed. On 02/06/07 her symptoms were unchanged and she was somewhat depressed. Therapy and off work were advised.

Ultimately on 04/06/07 Dr. deemed the claimant to be at Maximum Medical Improvement. She did not think she could return to her prior occupation and was to look for a new job. The claimant was sent to and evaluated by Dr. on 05/03/07 for an impairment rating. She was improved, but had continued left lower extremity pain and weakness with limitations. She was capable of doing heel/toe walk, but with difficulty. Sitting straight leg raise was positive on the left and Achilles reflex remained diminished and 1 plus. She was assigned a 10 percent whole person impairment rating and felt that she may need additional future treatment, was to followup with her treating physicians and would probably require vocational retraining.

The claimant presented to Dr. on 06/21/07 noting a few week history of worsening left posterior lower extremity pain which began in the posterior hip region and radiated all the way down into her leg. An epidurals steroid injection, repeat lumbar MRI, Lyrica, change from Vicodin to Norco, and Soma were advised. A lumbar MRI performed on 07/16/07 demonstrated degenerative disc disease at L5-S1 with postoperative changes of the left L5 laminectomy, mild epidural fibrosis along the left lateral thecal sac and partially surrounding the proximal descending left S1 nerve root sleeve, particularly anteriorly and medially. The proximal descending left S1 nerve root sleeve did not appear significantly effaced nor was the thecal sac significantly compressed. There was nonspecific enhancement of the intrathecal portion of the left S1 nerve, no convincing MR evidence of recurrent or residual disc fragment at the L5-S1 level, a concentric annular bulge and dorsal spondylitic ridging at L5-S1 with bilateral inferior foraminal narrowing greater on left, likely causing mild impingement upon the exiting L5 nerves. The remaining lumbar intervertebral disc levels were free from focal protrusion, relative central canal stenosis or foraminal encroachment.

At the 07/24/07 visit she reported back, left hip and thigh pain with numbness of the left foot and some paresthesias of the left leg. Her chief complaint was back pain. An absent left Achilles reflex and diminished light touch sensation on the lateral aspect of the left foot were noted on examination. Dr. reviewed the MRI and diagnosed the claimant with worsening lumbar herniated disc and probable discogenic low back pain. He did not feel epidural steroid injections would be beneficial. Re-exploration of L5-S1 laminectomy, interbody fusion with cage and allograft and instrumented posterolateral fusion and possible iliac crest bone graft was recommended. This was denied twice on peer review by Dr. and is currently under dispute.

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

The L5-S1 fusion would not appear to be medically necessary for this claimant. The claimant underwent a prior surgical decompression and has ongoing pain. An MRI showed no evidence of a recurrent disc herniation. The claimant does not appear to have instability. Back pain was noted to be the chief complaint on 07/24/07. ODG guidelines suggest that revision surgery for previous operations and for purposes of pain relief must be approached with extreme caution due to the less than 50 percent success

rate. The claimant does not fulfill ODG criteria for fusion including the lack of spinal instability. The claimant, according to the most recent MRI studies, does not seem to have a neurocompressive lesion that would warrant surgical treatment. Though the claimant has been diagnosed with probable discogenic low back pain, the source of the claimant's pain is not perfectly clear. The claimant also has not received a psychosocial screen as would be indicated preoperatively before a fusion was deemed necessary. The claimant therefore does not meet appropriate ODG criteria at this time and would not appear to be a candidate for the requested surgery based on the information provided.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, (i.e. Low Back-Fusion)

Patient Selection Criteria for Lumbar Spinal Fusion:

For chronic low back problems, fusion should not be considered within the first 6 months of symptoms, except for fracture, dislocation or progressive neurologic loss. Indications for spinal fusion may include: (1) Neural Arch Defect - Spondylolytic spondylolisthesis, congenital unilateral neural arch hypoplasia. (2) Segmental Instability (objectively demonstrable) - Excessive motion, as in degenerative spondylolisthesis, surgically induced segmental instability and mechanical intervertebral collapse of the motion segment and advanced degenerative changes after surgical discectomy. For spinal instability criteria, see AMA Guides, 5th Edition, page 379 (lumbar inter-segmental movement of more than 4.5 mm). (Andersson, 2000) (3) Primary Mechanical Back Pain (i.e., pain aggravated by physical activity)/Functional Spinal Unit Failure/Instability, including one or two level segmental failure with progressive degenerative changes, loss of height, disc loading capability. In cases of workers' compensation, patient outcomes related to fusion may have other confounding variables that may affect overall success of the procedure, which should be considered. (4) Revision Surgery for failed previous operation(s) if significant functional gains are anticipated. Revision surgery for purposes of pain relief must be approached with extreme caution due to the less than 50% success rate reported in medical literature. (5) Infection, Tumor or Deformity of the lumbosacral spine that cause intractable pain, neurological deficit and/or functional disability.

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. (Colorado, 2001) (BlueCross BlueShield, 2002)

Milliman Care Guidelines, 11<sup>th</sup> Edition, Inpatient & Surgical Care.

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)