

# MEDICAL REVIEW OF TEXAS

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Notice of Independent Review Decision

## Medical Review of Texas

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MODIFIED 4/18/08

**DATE OF REVIEW:** APRIL 7, 2008

### **IRO CASE #:**

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

L4-L5 and L5-S1 decompression laminectomy with posterior lateral fusion, interbody fusion using allograft as well as instrumentation

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

MD, Board Certified in Neurosurgery

### **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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

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

1. Adverse determination letter which also includes appeal and reconsideration letters.
2. Reported behavioral health assessment performed by , Ph.D. dated 3/11/08.
3. Clinic notes from Dr. office dated 2/22/08 dating back to an initial office visit on 1/4/07.

4. Designated doctor evaluation performed on 2/5/08 by , M.D.
5. Pain management evaluation performed by, M.D. describing intraarticular steroid and anesthetic injections.
6. Radiology CT lumbar spine with reconstruction finding spondylosis at L4 as well as superimposed bilateral spondylolysis and grade I anterolisthesis of L5 and S1 with a prior laminectomy and vacuum disc phenomenon within the disc and possible instability at this level.
7. MRI of the lumbar spine dated 12/5/06 performed at Medical Center.
8. ODG Guideline included.

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

This is a now year-old gentleman who was injured. He was unloading a trailer, stepped back and his foot got caught in some shrink-wrap and he fell backwards landing on his lower back and buttocks region. He continued to work and he actually continues to work despite substantial low back pain that radiates into both of his legs. His past medical history is positive for a previous spine fusion at L5 in 1982 which he did very well. Since his injury of, the patient has had multi modality conservative management including lumbar steroid and local injections. He was given a short course of physical therapy as well as non-steroidal anti-inflammatory agents with no substantial or lasting improvement. He had an MRI scan which demonstrated a broad based disc bulging at L4 with a spondylolisthesis at L5 and S1. He was ultimately referred to Dr. who saw the patient just about 16 months ago. Initially he recommended conservative management but due to the lack of improvement both in terms of time and prolonged conservative management, further imaging studies were performed. He was found to have a pseudoarthrosis at his previous fusion at L5 as well as disc herniation and degenerative changes at L4 and it was recommended that he have a two-level fusion. Initially it was declined because of a lack of a psychiatric referral. The patient now has a psychiatric referral and he has been found to be suitable for this procedure.

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

The clinical basis has already been determined by the ***ODG Guidelines***. This patient has indeed met all criteria for a lumbar spine fusion including the failure of conservative management as well as the passage of time. Further, this patient has segmental instability objectively, based upon his flexion extension films, as well as a pseudoarthrosis. This patient is also noted to have spondylolisthesis. A number of studies have also supported a decompression and

instrumentation. In an article by *Eichman* in 2005, patients with increased instability of the spine after surgical decompression at the level of degenerative spondylolisthesis are also candidates for fusion, thus this patient meets all objective criteria for a surgical procedure and should be approved without delay.

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#### **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  
\* EICHMAN, 2005

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