

MEDICAL REVIEW OF TEXAS

10817 W. Hwy. 71
Phone: 512-288-3300

Austin, Texas 78735
FAX: 512-288-3356

Notice of Independent Review Decision

DATE OF REVIEW: APRIL 21, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

TLIF L4-5, L5-S1 with PSE L4 to S1 and Spinal Monitoring

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

- * Adverse determination packet from the Texas Department of Insurance.
- * A packet of medical records from Medical Review including initial intake evaluation dated 2/28/06. Also included is a post myelographic CT of the lumbar spine dated 9/20/07 which shows a 5mm broad disc protrusion at L5 associated with grade I spondylolisthesis which was contributing to moderate neuroforaminal stenosis. There was also noted on that study;

bilateral pars fractures at L5 causing the spondylolisthesis at L5 and S1 and only minimal disc bulge at L4 effacing the ventral epidural fat. The remaining study is within normal limits. Of note, this myelogram does not include flexion extension films. Also included in this packet is a post myelographic CT of the thoracic spine. This too was dated 9/20/07 and this found no substantial pathology with the exception of arthrosis consistent with age. Also included in this packet is an MRI of the thoracic spine dated 10/18/06 showing mild degenerative spondylosis from T9 through T12 with no significant change compared to the study done a little less than a month earlier. There is also included in this packet a CT of the thoracic spine with sagittal reconstruction dated 9/29/06, again showing mild degenerative hypertrophic spondylosis from T9 through T12. MRI of the lumbar spine dated 12/26/07 which again showed a low grade spondylolisthesis at L5 related to bilateral spondylolysis with a posterior central disc protrusion of 3 to 4mm effacing the ventral epidural fat, also bilateral neuro foraminal stenosis was noted but no central canal stenosis. Also included in this packet of information is an EMG dated 4/20/07 describing a mild chronic left L4 and bilateral L5 radiculopathy.

- * Consultation reports from D.O. dated 8/24/07, 4/18/07. In these is described the original injury, his past medical care and essentially a normal physical exam.
- * Summary of the patient's treatment including the Utilization Review rationale for adverse determination.
- * Follow up consultation performed by Dr. dated 1/2/08 in which the patient is recommended to seek a surgical opinion by M.D.
- * ODG not included.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was apparently injured while working out of town. He was pulling aluminum siding off of a building. A piece of metal broke loose, the patient estimated the weight to be 150 pounds, fell and it crushed the patient and his co-worker to the floor of the cherry picker where the patient sustained injuries to his thoracic and lumbar spine. He was taken to the local emergency room. There was a question of a T11 compression fracture. He was then given physical therapy, which made the situation worse particularly when he was bending, twisting and doing repetitive motions. He had an MRI scan of his thoracic spine, which revealed spondylosis from T9 through T12. He also had a CT scan of his thoracic spine, which revealed spondylosis from T9 through T12. On 12/13/06 he had a functional capacity evaluation, which found that his

exercise tolerance was significantly limited. In addition he was noted to have reduced upper extremity flexibility and strength resulting in an inability to perform and tolerate his job tasks. He had epidural steroid injections in April of 2007; he had somewhat of a response. Records do not reflect whether he had any follow up epidural steroid injections. He had an EMG which showed chronic pathology on the left at L4 and a bilateral L5 radiculopathy again worse on the left. He had a lumbar myelogram and post myelographic CT in September of 2007, the results of which are dictated above. He had an MRI scan of his lumbar spine on 12/26/07 which revealed findings similar to his CT myelogram of three months earlier. At some point the patient was referred to Dr. for further recommendations and unfortunately, none of those records were included, but from that evaluation the patient was recommended to have a TLIF at both L4 and L5 with spinal monitoring.

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

Of note, throughout all of this the patient is complaining of thoracic and lumbar spine pain. There are multiple indications that the patient has no radicular symptoms, in fact, reading all of the data that has been submitted, the only indication this gentleman has any leg symptoms at all is that it says "after he walks for quite a while his calves become sore". Physical exam has been normal throughout all of this. There is not a straight leg raising sign included which is done correctly and is positive. His EMG is at best luke warm and only showing chronic abnormalities and his imaging studies, while showing a spondylolisthesis at L5 and foraminal stenosis at S1, there has been no investigation as to whether this spondylolisthesis is mobile and indicating instability. Also discounted is the foraminal stenosis noted at L5 because his clinical complaints do not correlate with this and based on the **ODG Guidelines**, imaging studies and clinical findings should correlate. Despite the fact that this patient has had a fair amount of conservative management and the passage of time, there is no support for a fusion of any kind in medical literature or in the chart that was forwarded. Physically, this patient should not have a fusion based on the **ODG Guidelines**, plus also the guidelines forwarded by the **American Association of Neurologic Surgeons** as well as **The North American Spine Society Guidelines**.

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
 - * *American Association of Neurologic Surgeons*
 - * *The North American Spine Society Guidelines*
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)