



# PROFESSIONAL ASSOCIATES

## Notice of Independent Review Decision

**DATE OF REVIEW:** 04/21/08

**IRO CASE #:**

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

Revision lumbar laminectomy, discectomy, arthrodesis with cages, posterior instrumentation, implantation of a bone growth stimulator at L3-L4 and L4-L5 with a two day length of stay

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

Board Certified in Orthopedic Surgery

### **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.

Revision lumbar laminectomy, discectomy, arthrodesis with cages, posterior instrumentation, implantation of a bone growth stimulator at L3-L4 and L4-L5 with a two day length of stay - Upheld

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

Evaluations with D.C. dated 03/07/07 and 07/19/07

An emergency room discharge instructions report from an unknown nurse (signature was illegible) dated 05/05/07

A note from M.D. dated 05/06/07

DWC-73 forms from Dr. dated 05/07/07, 06/15/07, 07/01/07, and 10/26/07

A preauthorization request letter from Dr. dated 05/11/07

Physical therapy with Dr. on 05/18/07, 05/23/07, 06/15/07, 06/18/07, 06/20/07, 06/22/07, 06/25/07, 06/26/07, 06/29/07, 07/02/07, 07/04/07, 07/05/07, 07/09/07, 07/12/07, 07/16/07, 07/19/07, 07/20/07, 07/23/07, 07/26/07, 07/27/07, 07/30/07, 08/01/07, 08/03/07, 08/06/07, 08/08/07, 08/13/07, 08/16/07, 08/20/07, 09/04/07, 09/07/07, 09/13/07, 09/15/07, 09/17/07, 09/21/07, 09/24/07, 09/28/07, 10/03/07, and 10/04/07

Evaluations with P.A.-C. and M.D. dated 05/23/07 and 05/29/07

X-rays of the lumbar spine interpreted by D.O. dated 05/23/07 and 05/29/07

DWC-73 forms from Dr. dated 05/23/07, 05/29/07, and 06/11/07

A CT scan of the lumbar spine interpreted by Dr. dated 06/04/07

An evaluation with Dr. dated 06/11/07

Evaluations with M.D. dated 06/19/07, 07/24/07, 08/07/07, 09/04/07, 10/02/07, 10/30/07, 11/26/07, 12/11/07, 01/03/08, 02/05/08, and 03/11/08

Procedure notes from Dr. dated 06/27/07, 09/12/07, 11/14/07, and 02/20/08

A physical therapy referral note from Dr. dated 06/27/07

Evaluations with M.D. dated 07/10/07, 07/17/07, 08/14/07, 10/09/07, and 01/15/08

DWC-73 forms from Dr. dated 07/10/07, 07/17/07, 08/14/07, 10/09/07, and 11/13/07

An MRI of the cervical spine interpreted by M.D. dated 07/11/07

An ultrasound of the lower extremity interpreted by M.D. dated 07/17/07

An MRI of the lumbar spine interpreted by Dr. dated 07/17/07

A prescription from Dr. dated 07/17/07

Preauthorization request letters from Dr. dated 07/20/07 and 10/01/07

Preauthorization request letters from Dr. dated 07/27/07, 11/08/07, 11/29/07, 01/07/08, and 02/08/08

A Physician Peer Review from M.D. dated 08/01/07

A Designated Doctor Evaluation with M.D. dated 08/21/07

A DWC-73 form from Dr. dated 08/21/07

A Functional Capacity Evaluation (FCE) with P.T. dated 08/30/07

An evaluation with an unknown provider (no name or signature was available) dated 09/13/07

Letters from M.D. dated 10/02/07 and 10/25/07

An evaluation with Dr. dated 10/24/07

EMG/NCV studies interpreted by Dr. dated 10/24/07 and 10/25/07

An evaluation with an unknown provider (no name or signature was available) dated 10/26/07

A DWC-73 form from M.D. dated 11/02/07  
A prescription from Dr. dated 11/19/07  
Preauthorization requests from M.S., L.P.C. dated 11/26/07 and 03/05/08  
A CT scan of the lumbar spine interpreted by M.D. dated 12/19/07  
A behavioral evaluation with , M.S., L.P.C. dated 02/29/08  
Request letters from Dr. dated 03/13/08 and 03/19/08  
A letter of non-certification, according to the ODG, from M.D. dated 03/19/08  
A treatment note from Ms. dated 03/19/08  
A letter of non-certification, according to the ODG, from M.D. dated 03/27/08  
Undated self-assessment spine information  
The ODG Guidelines were not provided by the carrier or the URA

### **PATIENT CLINICAL HISTORY**

Chiropractic therapy was performed with Dr. from 05/18/07 through 10/04/07 for a total of 38 sessions. On 05/23/07, Mr. and Dr. prescribed Vicoprofen and Flexeril. X-rays of the lumbosacral spine interpreted by Dr. on 05/29/07 revealed a fracture posteriorly located at L5-S1 wire fractured in two places. A CT scan of the lumbar spine interpreted by Dr. on 06/04/07 revealed a minimal disc bulge at L4-L5 and mild spinal canal narrowing at L3-L4. A lumbar ESI on the right at L4-L5 was performed by Dr. on 06/27/07. On 07/11/07, an MRI of the cervical spine interpreted by Dr. revealed multilevel degenerative disc disease, a central protrusion at C5-C6, and multilevel stenosis. A venous ultrasound study interpreted by Dr. on 07/17/07 was unremarkable. An MRI of the lumbar spine interpreted by Dr. on 07/17/07 revealed severe spinal stenosis at L3 through L5 and a previous hemilaminectomy at L5-S1 with a recurrent protrusion. On 08/07/07, Dr. recommended EMG/NCV studies. On 08/21/07, Dr. felt the patient was not at Maximum Medical Improvement (MMI) and recommended further treatment. Based on an FCE with Mr. on 08/30/07, continued physical therapy or work conditioning were recommended. On 09/12/07, Dr. performed lumbar ESIs. On 10/25/07, Dr. reviewed the EMG/NCV study and noted a left L5 and S1 chronic reinnervation. An EMG/NCV study interpreted by Dr. on 10/25/07 revealed borderline right carpal tunnel syndrome. Cervical ESIs were performed with Dr. on 11/14/07 and 02/20/08. A lumbar spine CT scan interpreted by Dr. on 12/19/07 revealed disc bulging at L3-L4, L4-L5, and L5-S1. On 01/15/08, Dr. recommended lumbar surgery. On 02/17/08, Ms. recommended six sessions of individual psychotherapy. On 03/13/08, Dr. wrote a preauthorization request for the surgery and a reconsideration request on 03/19/08. On 03/19/08, Dr. wrote a letter of non-certification for the surgery. On 03/27/08, Dr. wrote a letter of non-certification for the surgery.

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

This patient has mostly subjective back pain with some radicular symptoms that have not been verified by physical examination. He had a previous fusion at L4-L5. It does not appear he has segmental instability. There is ample evidence in the peer-reviewed medical literature, ACOEM Guidelines, and the ODG that goes against further surgery, as it will not be successful in the long term. Therefore, the requested revision lumbar laminectomy, discectomy, arthrodesis with cages, posterior instrumentation, and implantation of a bone growth stimulator at L3-L4 and L4-L5 with a two day length of stay is not reasonable or necessary.

**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 AND KNOWLEDGE BASE**
- 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)**