

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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Notice of Independent Review Decision

**DATE OF REVIEW:** August 27, 2008

**IRO CASE #:**

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

360° fusion, L4-5, L5-S1, to include CPT codes 63091-62, 63090-62, 22558, 22585, 22851, 20931, 63047, 63048, 22842, 22612, 22614.

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

Board Certified Orthopedic Surgery; American Academy of Orthopedic Surgeons

**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**

Medical records from the Carrier include:

- Official Disability Guidelines, 2008
- Medical Center, 10/28/99
- M.D., 11/08/99
- Neurosurgical Association, 12/07/99, 02/10/00, 05/02/00, 07/18/00, 10/24/00

- M.D. 01/28/00
- Physical Therapy, 02/22/00
- TWCC-69, 10/24/00
- Pain Institute, 08/27/07, 09/13/07
- Diagnostic Center, 09/13/07
- Back Institute, 01/10/08, 01/21/08, 04/11/08, 05/08/08, 05/21/08, 06/19/08, 06/23/08
- Diagnostic, 05/16/08
- R.N, not dated
- Spine Institute, 07/17/08
- Company, 08/05/08

Medical records from the Provider include:

- Pain Institute, 08/27/07, 09/13/07
- Diagnostic Center, 09/13/07
- Diagnostic, 05/16/08
- Back Institute, 01/21/08, 04/11/08, 05/08/08, 05/21/08, 06/19/08, 06/23/08

### **PATIENT CLINICAL HISTORY:**

This patient is a male with an original date of injury of xx/xx/xx to his lumbar spine, with a past history before this work injury of xx/xx/xx of lumbar spine surgery in 1995 with an excellent result for several years and a reinjury then in xx/xx.

The most recent MRI study of the lumbar spine is from May of 2008 revealing decreased disc space at the lowest lumbar level, as well as evidence of neural foraminal stenosis at this level. A CT discogram of September 13, 2007 revealed concordant pain at the lowest two functional disc space levels.

The MRI study and plain x-ray discussions in the available medical records do not reveal evidence of instability or listhesis in the lower lumbar spine.

A review of the physical examination findings over the past year include office notes from M.D., from August 27, 2007, revealing altered sensation of the right S1 dermatome, positive straight leg testing of the right lower extremity, and no differential reflex change of each lower extremity when compared to the other.

A consultation by D.O., from January 21, 2008, reveals absent deep tendon reflexes of the right knee and bilateral ankle jerks in association with altered sensation to the dorsum of the right foot, as well as altered sensation of the L5 distribution on the left. On this date, Dr. noted “severely” positive straight leg testing bilaterally, slightly increased on the left when compared to the right. The motor strength of the lower extremities was the same bilaterally. Dr. reviewed the MRI study from May of 2006 revealing a prior surgical decompression at what is described as the L4-5 level, as well as degenerative disc space narrowing at this surgical site. The discogram study from September of 2007 revealed concordant pain at the lower two lumbar levels. The neurodiagnostic studies

from 2007 were described as negative in the bilateral lower extremities. A plain x-ray review by Dr. on January 21, 2008, did not reveal evidence of instability or fractures.

A repeat examination by Dr. on April 11, 2008 does not discuss any specific neuromuscular sensory deficit or any finding of listhesis or instability. Also, Dr.'s note of May 8, 2008 reveals intact sensation, no differential neuromuscular sensory finding, and "severely" positive straight leg raising bilaterally.

The most recent note by Dr. is from June 23, 2008. The pain management notes are also reviewed.

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

The question is whether further surgery with anterior/posterior approach and surgical fusion would be standard of care per ODG.

I agree with the rationality for denial, which essentially is no neurologic deficit noted to be objectively present in the patient's lower extremities and no evidence of instability in the lower lumbar spine as noted on radiology evaluation. It is my opinion that the Official Disability Guidelines do not support the concept of concordant pain being present in terms of an indication for surgical care.

Therefore, since there is no specific neurologic deficit present (note the negative neurodiagnostic studies in 2007) and/or listhesis or instability present in the radiology studies of the patient's spine, there is no indication for surgical care at this point.

**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)**