



DATE OF REVIEW: August 20, 2008

IRO Case #:

Description of the services in dispute:

Psychological evaluation with MMPI

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is a fellow of the American Board of Orthopaedic Surgery. This reviewer is a fellow of the North American Spine Society and the American Academy of Orthopaedic Surgeons. This reviewer has been in active practice since 1990.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

The submitted records do not establish that the patient is a surgical candidate at this time and therefore psychological evaluation with MMPI would not be considered medically necessary.

Patient clinical history [summary]

The patient is a xx year old male who is reported to have sustained a work related injury to his low back on xx/xx/xx. On this date he was working for where he had worked for 18 weeks. He slipped in some grease and fell out the back of his trailer landing hard on a concrete landing with his torso twisted. He had immediate pain in the right wrist and tingling and burning in the low back and buttocks. He subsequently was seen at the emergency room and diagnosed with a fracture of the wrist and low back pain. The patient subsequently came under the care of . and was referred to Dr. on 05/19/08. At this time the patient presents with complaints of low back pain and a VAS score of 8. His secondary area of pain is the left leg which he reports a VAS score of 3. The patient can tolerate 30 minutes of sitting, 3 to 4 hours of standing and 45 minutes to one hour of walking. His bladder function is normal. His bowel function is abnormal as he is constipated one to days per week. The patient is reported to have undergone decompressive therapy with D.C. receiving at least 30 sessions. The patient reports mild benefit and his last supervised therapy session was 2 to 3 months ago. He reports his care has focused primarily on the right wrist. His current medications include Flexoril, Celebrex and Hydrocodone. The patient has undergone one epidural steroid injection on 02/14/08. The patient reports 20 to 30 % relief for 2 days. He is subsequently reported to have a second injection approximately 2 weeks later with the exact same result. The patient has undergone EMG/NCV study on 02/11/08. This study reports no evidence of a lumbar radiculopathy. MRI of the lumbar spine was performed on 04/06/06. This study reports disc space

narrowing and central and left paracentral HNP with probable nerve root impingement of S1 left greater than right at L5-S1. There is a rudimentary S1-2 disc space suggestive of lumbarization of S1. Dr. reports reasonable maintenance of the L5-S1 disc height with a left paracentral disc protrusion. Radiographs taken at this visit reveal four free lumbar segments with a fully sacralized vestigial S1-2 segment narrowing of the lowest motion segment disc space. At L5-S1 there is retrolisthesis of several millimeters at L5-S1. On physical examination the patient is 6'1" tall and weighs 252lbs. The patient flexes to 45 degrees with discomfort. Lateral bending reveals spasm on the left. Extension and rotation is positive bilaterally. There is right greater than left with pain in the low back. There is tenderness that is mild on the left moderate along the midline, spinus processes greater than interspinous spaces. There are no scars. He is wearing a cast on his right forearm. In the seated position deep tendon reflexes are absent in the knees and intact at the ankles. Straight leg raise is positive on the left with low back pain. Lesage's test is negative. Motor strength is graded as 5/5 in the lower extremities. Dermatomal pattern reveals numbness in the left lower extremity from approximal thigh to the great toe as well as laterally at the foot and ankle representative of nerve root distributions of L2, L3, L4 and S1. The patient is subsequently diagnosed with a lumbar syndrome, a central and left paracentral HNP at L5-S1 disc re-absorption syndrome at L5-S1 and a retrolisthesis of L5-S1. Dr. recommends lumbar discography in the spaces above the vestigial S1-2 segment. He reports that they will need to obtain a psychological evaluation with MMPI for both discography and surgery to comply with ODG requirements. The MRI report dated 04/06/06 reports transitional vertebral body and anomalies suggested. There is a small central and left paracentral L5-S1 disc herniation protrusion. There is close proximity of the left S1 nerve root. There is a rudimentary S1-2 disc space. This study does not discuss retrolisthesis.

On 07/22/08 the request for psychological evaluation and MMPI was evaluated by Dr. . Dr. opines that criteria for back fusion have not met. All potential pain generators have not been identified. The patient is reported to be a smoker and overweight and therefore is not a good surgical candidate. As a result he opines that the request is not considered medically necessary. The determination was appealed and the case was reviewed by Dr. on 07/30/08. Dr. upholds the previous recommendation for non authorization. He reports there is no new information submitted with the appeal that addresses the prior reviewers concerns regarding whether the claimant is a candidate for surgery. He further reports that MMPI alone would not be considered an adequate screening for surgery.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Items In Dispute:

Question 1: Psychological evaluation / MMPI for clearance for lumbar discogram /surgery.

The psychological evaluation with MMPI is not medically necessary at this time. The submitted clinical information consists of a single note submitted by Dr. which indicates that the patient has low back pain with radiation in the lower extremities. He notes that the patient has undergone extensive decompression therapy with D.C. The patient has undergone 2 epidural steroid injections with no sustained improvement however the patient's EMG shows no evidence of a lumbar radiculopathy. The patient's imaging studies indicate degenerative changes with no instability. It is

reported that the patient has a retrolisthesis at L5-S1 however this is not supported by the submitted MRI report. The patient's physical exam is not indicative of a progressive neurologic deficit and current evidence based guidelines do not support the use of lumbar discography as a diagnostic study in the performance of fusion or as a stand alone diagnostic study for the performance of lumbar fusion. The submitted records do not establish that the patient is a surgical candidate at this time and therefore psychological evaluation with MMPI would not be considered medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

1. The Official Disability Guidelines, 11th edition, The Work Loss Data Institute.
2. The American College of Occupational and Environmental Medicine Guidelines; Chapter 12.

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