

Notice of Independent Review Decision  
**AMENDED DECISION**  
Date Omitted From Cover Page  
of Initial Decision

**DATE OF REVIEW:** 02/08/08

**IRO CASE #:**

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

Arthrodesis, posterior or posterolateral technique, single level; lumbar (with/without) on 11/08/07.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., F.A.C.S., Board Certification: American Board of Orthopedic Surgery, with experience in the evaluation and treatment of patients with spine injuries.

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI case assignment
2. Letters of denial and case reports, 10/22/07 and 12/05/07, criteria used in denial, ODG Guidelines
3. Psychological review and evaluation, 01/15/08
4. Pain management consultations, 07/09/07 through 01/14/08 (four)
5. Orthopedic treatment notes and correspondence, 10/97 through 01/02/08
6. Orthopedic second opinion report, 11/26/07
7. MRI scan report 10/02/07

**INJURED EMPLOYEE CLINICAL HISTORY:**

This xx-year-old male was injured on xx/xx/xx while driving a xxxx. He fell into a hole and was bounced very firmly. He has had persistent low back pain over the past 10-1/2 years. He has periodically suffered radicular symptoms without clear objective physical findings suggestive of compressive neuropathy. Initially, spondylolysis and spondylolisthesis were recognized as well as degenerative disc disease. Recently a recommendation for lumbar fusion from L4 through the sacrum has been made with justification being related to a possible increase in the spondylolisthesis from grade 1 to grade 2. As late as 01/02/08, there are no

---

objective physical findings to suggest compressive neuropathy, which would warrant decompression and lumbar fusion.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

Though the patient has had symptoms suggestive of radiculopathy, there are no objective physical findings to suggest compressive neuropathy. Over ten years, as a result of degenerative disc disease, spondylolisthesis could be expected to gradually worsen. However, there is no finding suggestive of instability. I find no flexion/extension lateral x-rays or CT scan.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
  - Mercy Center Consensus Conference Guidelines.
  - Milliman Care Guidelines.
  - ODG-Official Disability Guidelines & Treatment Guidelines, Low Back Chapter, Page 1019
  - Pressley Reed, The Medical Disability Advisor.
  - Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
  - Texas TACADA Guidelines.
  - TMF Screening Criteria Manual.
  - Peer reviewed national accepted medical literature (provide a description).
  - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
-