DATE OF REVIEW: February 25, 2008

IRO Case #:

Description of the services in dispute:

Posterior lumbar decompression and fusion at L4, L5, 2 days stay inpatient.

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

The physician who provided this review is board certified by the American Osteopathic Board of Surgery in Neurological Surgery. This reviewer is a member of the American Osteopathic Association, the American College of Osteopathic Surgeons, the Texas Osteopathic Medical Association and the Texas Medical Association. This reviewer has been in active practice since 1995.

Review Outcome

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

Upheld

Posterior lumbar decompression and fusion at L4, L5, 2 days stay inpatient is not medically necessary.

Information provided to the IRO for review

1. IRO request form, the IRO submission forms
2. IRO request for review
3. MRI report of the lumbar spine dated 05/01/07
4. MRI of the cervical spine dated 05/16/07
5. Clinic notes dated 05/16/07
6. Procedure note for ESI dated 06/08/07

7. Clinic note dated 06/20/07, clinic note dated 06/22/07
8. Physical therapy note dated 07/03/07
9. Procedure note for lumbar ESI dated 07/06/07
10. Physical therapy note dated 07/09/07
11. Physical therapy note dated 07/18/07
12. clinic note dated 07/18/07
13. Physical therapy note dated 07/26/07
14. Physical therapy note dated 07/31/07
15. Clinic note dated 08/13/07
16. Clinic note dated 08/13/07
17. Clinical report and response dated 08/22/07
18. Procedure note for epidural steroid injection #3 dated 10/08/07
19. Clinic note dated 10/26/07
20. Lumbar myelogram report dated 11/28/07
21. Post myelogram CT dated 11/28/07
22. Notification of determination dated 12/21/07
23. Clinic note dated 12/03/07
24. Clinic note dated 01/03/08
25. Notification of determination dated 01/22/08

Patient clinical history [summary]

The patient is a male who sustained an injury. Some of the records refer to an injury date. Injury reportedly was to the low back. The patient complained of low back pain after lifting a heavy toolbox. The initial MRI post injury dated 05/01/07 indicated evidence of desiccation of the L4-5 disc with mild narrowing of the disc space. There was mild to moderate central bulging of the disc noted causing mild to moderate encroachment upon the central aspect of the anterior portion of the dural sac. The remainder of the lumbar MRI was considered unremarkable. The patient was seen on 06/22/07 for initial evaluation. The patient was seen by physical therapist. The therapist noted a diagnosis of low back pain with radiculopathy on the left secondary to "HNP at L4-5." The patient apparently underwent 5-6 sessions of physical therapy through July 2007. The patient also underwent epidural steroid injections x 3. The initial neurosurgical note dated 05/09/07 indicates that the patient complains of severe pain extending into the buttocks and lateral thigh into the left foot. The patient has both back and leg pain per the note. The initial neurosurgical evaluation noted that the patient had a "L4-5 acute disc herniation with subsequent injury to the L4-5 disc" and radiculopathy and also noted a markedly positive pathologic reflexes concerning for cervical radiculopathy. The patient was sent for cervical MRI on 05/16/07 and noted degenerative disc disease and spondylosis C3-C6. The patient underwent initial epidural steroid injection on 06/08/07. On follow up dated 06/20/07 the patient noted an extreme exacerbation of left leg pain and was scheduled for a second epidural steroid injection. Second epidural steroid injection was

carried out on 07/06/07 and on follow up dated 07/18/07 the patient was noted to continue to complain of severe pain in the legs worse on the left than the right. A third epidural steroid injection was carried out on 10/08/07 and on follow up dated 10/26/07 there was no report of improvement. The patient underwent CT myelogram on 11/28/07. The myelogram report indicated moderate anterior extradural defect at L4-5 causing moderate encroachment upon the anterior aspect of the dural sac without nerve root amputation. Post myelogram CT report indicated an asymmetric broad based disc bulge at L4-5 with encroachment on the central and left anterolateral aspect of the dural sac and mild encroachment on the neural foramina bilaterally. The initial request for posterior lumbar decompression and fusion at L4-5 with 2 day inpatient stay was denied by Dr. An appeal dated 01/22/08 was denied by Dr. Neither reviewer felt that fusion was necessary as there was no evidence of instability or severe spondylolisthesis.

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

Based on the information provided, the request is not medically necessary. The patient has no evidence of instability and subjective complaints of radiculopathy. There are no imaging studies showing the patient to have a confirmed radiculopathy and the MRI report does not declare any compressive pathology. There is also concomitant cervical issues which do not appear to be related to the compensable injury. The patient does not appear to be a fusion candidate. There is also a lack of psychological evaluation.

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

1. Official Disability Guidelines, Fusion Guidelines (2007 Official Disability Guidelines, 12th edition) Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 5th edition) Accessed Online
2. S. Terry Canale, MD, Campbell's Operative Orthopedics, 10th edition University of Tennessee-Campbell Clinic, Memphis TN, Le Bonheur Children's Medical Center, Memphis, TN ISBN 0323012485.
3. Resnick DK, Choudhri TF, Dailey AT, Groff MW, Khoo L, Matz PG, Mummaneni P, Watters WC 3rd, Wang J, Walters BC, Hadley MN; American Association of Neurological Surgeons/Congress of Neurological Surgeons. Guidelines for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 7: intractable low-back pain without stenosis or spondylolisthesis. J Neurosurg Spine. 2005 Jun;2(6): 670-2.
4. Greenberg, M. Handbook of Neurosurgery, 5th Ed, 2001