

RYCO MedReview

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 01/07/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Transforaminal lumbar interbody fusion at L3-S1 with transpedicular screws and a microdiscectomy at L3-L4 and L5-S1.

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.

Transforaminal lumbar interbody fusion at L3-S1 with transpedicular screws and a microdiscectomy at L3-L4 and L5-S1 - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

MRIs of the cervical and lumbar spine interpreted by M.D.

An operative report from M.D. dated 04/10/06

An EMG/NCV study interpreted by M.D. dated 05/11/06

An evaluation with an unknown provider (signature was illegible) dated 05/11/06
Progress notes from P.T. dated 05/31/06 and 06/15/06
Evaluations with M.D. dated 06/22/06, 07/20/06, 08/24/06, 08/31/06, and 09/21/06
Procedure notes from Dr. dated 07/03/06 and 08/15/06
A CT myelogram of the lumbar spine interpreted by M.D. dated 08/31/06
X-rays of the lumbar spine and bilateral knees interpreted by Dr. dated 08/31/06
Evaluations with M.D. dated 10/12/06, 10/18/06, 11/13/06, 01/22/07, 03/05/07, 05/01/07,
06/12/07, 08/06/07, 08/27/07, and 10/29/07
A Required Medical Evaluation (RME) with M.D. dated 01/15/07
A letter of denial, according to the ACOEM Guidelines, dated 03/21/07
A letter of denial, according to unknown criteria, from M.D. dated 05/29/07
A Designated Doctor Evaluation with M.D. dated 09/06/07
A DWC-73 form from Dr. dated 09/06/07
A letter of approval from R.N. at Travelers dated 09/28/07
An MRI of the cervical spine interpreted by Dr. dated 10/02/07
A preauthorization request from Dr. dated 11/13/07
Letters of adverse determination, according to the ODG Guidelines, dated 11/19/07 and
12/03/07
Notes from R.N. dated 12/03/07
Undated letters from M.D. and M.D.
A reconsideration request from Dr. dated 12/10/07
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

An MRI of the cervical spine interpreted by Dr. revealed disc herniations at C3-C4 and C5-C6 with disc bulges at C6-C7. An MRI of the lumbar spine interpreted by Dr. on was unremarkable. On 04/10/06, Dr. performed a C4 through C6 laminectomy. An EMG/NCV study interpreted by Dr. on 05/11/06 revealed chronic left peroneal neuropathy localized to the fibular head. On 06/22/06, Dr. recommended physical therapy, a lumbar epidural steroid injection (ESI), and a spinal surgery consultation. A left L5-S1 ESI was performed by Dr. on 07/03/06. On 07/20/06, Dr. recommended sedentary work duty and continued physical therapy. A bilateral lumbar facet block was performed by Dr. on 08/15/06. On 08/24/06, Dr. recommended a lumbosacral CT myelogram and x-rays of the knee. A CT myelogram of the lumbar spine interpreted by Dr. on 08/31/06 revealed multilevel degenerative changes with a disc bulge at L5-S1. X-rays of the lumbar spine interpreted by Dr. on 08/31/06 revealed degenerative changes. On 10/12/06 and 11/13/06, Dr. recommended lumbar surgery. On 01/15/07, Dr. felt the patient's injury aggravated his preexisting condition. On 03/05/07 and 08/27/07, Dr. again recommended surgery. On 03/21/07, wrote a letter of denial for surgery. On 05/29/07, Dr. wrote a letter of adverse determination for surgery. On 09/06/07, Dr. felt the patient was not at Maximum Medical Improvement (MMI) and recommended a repeat MRI of the cervical spine, along with right shoulder and lumbar spine surgery. An MRI of the cervical spine interpreted by Dr. on 10/02/07 revealed multilevel degenerative changes with disc bulges and herniations. On 11/13/07, Dr. wrote a preauthorization

request for surgery. On 11/19/07 and 12/03/07, wrote letters of adverse determination for surgery. On 12/10/07, Dr. wrote a reconsideration request for surgery.

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

M.D., on 09/06/07 performed a Designated Doctor Evaluation. It was his opinion that the lumbar MRI done soon after the injury “did show edema consistent with microfracture or new trauma. In light of the recent trauma, I think this would be included as part of this work related injury. Therefore, I would suggest that the patient needs to have his lumbar area addressed surgically as well”. In fact, the MRI does not show microfracture. While the radiologist, M.D., mentions the edematous signal in the third and fourth vertebral bodies, he says it is “most consistent with long-standing degenerative changes”, first with the microfractures, particularly if the patient had a recent past history of trauma. The trauma this patient sustained is not consistent with microfracture. The patient’s symptoms are more consistent with his degenerative disease. This type of MRI is most often confused with trauma or infection, but is in fact more likely than not degenerative in nature and solely degenerative in nature.

The second most important thing to consider in this case is whether a three level decompression or fusion is likely to yield a successful result in this individual. The ODG does allow for specific cases of spinal fusion. This individual does not meet the criteria.

The success rate of a three level fusion is often less than 50% and, therefore, the ODG criteria recommend no more than two levels. The neurologic symptoms are more likely than not due to a peroneal neuropathy, based upon the electrodiagnostic studies done soon after the injury. Therefore, the patient’s “radiculopathy” is in fact a neuropathy, which would not respond to surgical intervention. The MRI done on 05/11/06 by M.D., revealed evidence for “chronic left peroneal neuropathy that localizes the fibular head”.

In my opinion, a transforaminal lumbar interbody fusion from L3 through S1 using pedicular screws with microdiscectomy from L3-L4 through L5-S1 would not be reasonable or necessary for this patient. This is because the patient suffers from a degenerative disease rather than an occupational injury and his symptoms are not correlated with significant degenerative changes and the chance for success for the surgical intervention is less than 50%.

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)

The Spine by Simeone and Rothman/Harry Harkowitz Editor