

MEDICAL REVIEW OF TEXAS

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Notice of Independent Review Decision

DATE OF REVIEW: MARCH 24, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Surgery – Bilateral L4-5 and L5-S1; posterior lumbar decompression

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

MD, Board Certified in Neurosurgery

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Adverse determination letter
2. Office visits from, M.D. from 12/13/07 through 1/31/08.
3. Discography dated 1/27/08 which showed concordant pain at L5.
4. MRI scan of the lumbar spine performed on 8/2/07 which showed a bulge at L2, posterior extrusion at L4 and a small protrusion at L5.
5. X-ray of the lumbar spine and pelvis dated 7/19/07.
6. Pain management office notes from M.D. 10/25 to 11/27/07.

7. Legal notes from dated 3/10/08.
8. Therapy and Rehab Physical Therapy notes dated from 8/15/07 though 9/27/07.
9. Evaluation, IME performed 12/1/07 finding the patient not at MMI.
10. ODG provided – Low Back – Lumbar & Thoracic

PATIENT CLINICAL HISTORY [SUMMARY]:

Unfortunately, the information provided is somewhat scant and duplicated. Apparently this gentleman was working on a trackhoe on xx/xx/xx. It was a rainy day and he essentially slipped off the trackhoe, falling on his buttocks, and has had low back and shooting leg pain ever since. He complains predominantly of low back pain but describes a shooting sensation mainly in the right leg. He also intermittently describes numbness in the right leg. Despite this, his physical exam has essentially been normal with only occasional and intermittently documented sensory abnormalities in his right leg. He was tried on a number of conservative managements including manipulations, multi modality physical therapy including exercising, stretching, ultrasound, etc. He has also had an ESI, which did not fundamentally change his symptoms except for approximately 9 days. His pain management physicians felt that he should have a surgical evaluation. That was performed by Dr. on 12/13/07 and from that point the patient ultimately had a discography, which found him to have concordant pain at L5. He had a previous MRI scan which showed degenerative changes predominantly at L4 and L5 and small disc protrusion at L2 and a larger one at L4 and a smaller one again at L5. Based on his lack of progress through conservative management, the surgeon has recommended a decompression as well as a fusion at L5. The previous reviewers have felt that since the patient did not have a psychiatric work up this procedure should be denied.

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

What really has not been noted here is that the patient's body habitus has not really been addressed. Depending upon what information is quoted, this patient is either 6 feet or 6 feet 2 inches and weighs 240 pounds and no discussion of his overall conditioning has been made. If there is evidence of obesity and deconditioning a surgical procedure is premature. Most importantly, however, is the notation that this gentleman has smoked three packs of cigarettes a day for the past thirty years. This sets up an extraordinarily adverse environment. There is difficulty in stopping a thirty year habit particularly three packs a day, however, it makes the environment so adverse as to make a fusion unlikely, and this will almost certainly exacerbate the

patient's current problem. Cited are the *North American Spine Society's* recommendation for spine fusion as well as the *American Association of Neurologic Surgeons* as well as the *Occupational Medicine Practice Guidelines* for lumbar fusion.

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
* *North American Spine*

- * *American Association of Neurologic Surgeons*
- * *Occupational Medicine Practice Guidelines*

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)