



Notice of Independent Review Decision

**DATE OF REVIEW: 03/04/08**

**IRO CASE #:**

**NAME:**

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

Determine the appropriateness of the previously denied request for 360 degree L4-S1 spinal surgery.

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

Texas Licensed Orthopedic Surgeon.

**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.

The previously denied request for 360 degree L4-S1 spinal surgery.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- Chart Note dated 1/14/08, 11/11/07.
- Lumbar Spine MRI dated 10/1906.
- Initial Chart Note dated 10/8/07.
- Peer Review Report/Letter dated 6/30/07.

- Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 2/20/08.
- Health and Behavioral Assessment dated 10/18/07.
- Request for Preauthorization for Surgery dated 12/28/07.
- Authorization Request dated 1/8/08.
- Notice of Assignment of Independent Review Organization dated 2/20/08.
- Notice to CompPartners, Inc. of Case Assignment dated 2/20/08.
- Network Certification (unspecified date).
- Request for a Review by an Independent Review Organization dated 1/22/08.
- Preauthorization Determination date 1/15/08, 1/9/08.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization dated 2/18/08.
- Rough Draft (unspecified date).

**PATIENT CLINICAL HISTORY (SUMMARY):**

**Age:** xx years

**Gender:** Female

**Date of Injury:** xx/xx/xx

**Mechanism of Injury:** Moving cylinders from a pallet to a production line.

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

The claimant is a xx-year-old female who was injured on xx/xx/xx, when she was moving cylinders from a pallet to a production line and developed low back pain. On 10/19/06, a lumbar MRI showed L1-2, L2-3, L3-4 were unremarkable. At L4-5, there was a bulge and bilateral facet hypertrophy; the neural foramina were patent. There was mild spinal stenosis and an annular fissure. At L5-S1, there was a broad based protrusion abutting the S1 nerve roots bilaterally, with slight displacement of the right S1 nerve root. There was bilateral facet hypertrophy and mild right foraminal narrowing. Records from Dr. on 06/30/07, indicated that the claimant had a transcutaneous disc resection and annular decompression at L4-5 and L5-S1. Following surgery, the claimant had increased back and leg pain. Fusion had been recommended in November 2006 by Dr., but another physician, Dr., did not feel surgery was necessary. The claimant then came under the care of Dr.. The office note from 10/08/07, noted the claimant had right low back pain with right heel pain. She had limited tolerance for walking, standing and sitting. The claimant reported that the previous surgery did not relieve her back pain and that right leg pain developed only after surgery. Therapy had not been helpful. Other than smoking, the past medical history was unremarkable. X-rays with flexion/extension showed the laminotomy defects at L5-S1 and probable L4-5 defects. Disc space narrowing at L4-5 was noted. On examination, there was an antalgic gait and limited lumbar motion. Reflexes were equal. The claimant had numbness in the right lower extremity in the L3 and S1 distributions. His impression was post laminectomy syndrome, recurrent and persistent herniation at L5-S1, and spondylosis at L4-5 and L5-S1. He felt she was a

surgical candidate and recommended a discogram. A psychological evaluation was carried out on 10/18/07, and the claimant was found to be depressed although she was felt to be a candidate for the testing and that she understood the surgery. She was considered as suitable for the discogram. The discogram was subsequently denied on two peer reviews. After the denial, Dr. considered the claimant a suitable candidate for fusion surgery. The surgery was denied on peer review. On 01/14/08, Dr. noted ongoing back and right heel pain, with numbness of the entire right lower extremity, including the toes. On examination, reflexes were intact and straight leg raise was negative bilaterally. Strength was 5/5. The claimant had ongoing back pain and the medical records document degenerative changes of the lower lumbar spine, and her treating practitioners would like to do a multilevel fusion for her complaints. When this reviewer reviewed the medical record, there was no documentation of structural instability, progressive neurologic deficit, large disc herniation or progressive loss of function. Therefore, the medical records did not identify the medical indication for the requested multilevel 360 degree fusion.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.  
Low Back – Fusion.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).