

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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Notice of Independent Review Decision

**DATE OF REVIEW:** May 23, 2008

**IRO CASE #:**

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

Transforaminal lumbar interbody fusion, L5-S1, left, to include CPT codes 22630 (Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy), 22840 (Posterior non-segmental instrumentation), 22851 (Application of intervertebral biomechanical device), 22612 (Arthrodesis, lumbar, posterior lateral technique, with or without lateral transverse technique), 20936 (Autograft).

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

Diplomate, American Board of Orthopaedic 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Medical records from the Carrier include:

- Clinic, 05/29/07, 05/31/07, 06/04/07, 06/05/07, 06/07/07, 06/11/07, 06/18/07, 06/21/07, 06/27/07, 07/16/07, 07/30/07, 08/13/07, 08/20/07, 08/21/07, 09/06/07, 09/26/07, 09/27/07, 10/16/07, 10/30/07, 05/16/07, 12/06/07, 01/08/08, 01/15/08, 01/29/08
- 02/06/08, 03/25/08
- M.D., 02/27/08
- Medical Evaluators, Inc., 05/15/07
- Medical Management Assignment, 02/05/08, 03/19/08, 03/25/08
- Official Disability Guidelines, 2008

Medical records from the Provider include:

- Clinic, 05/29/07, 05/31/07, 06/04/07, 06/05/07, 06/07/07, 06/11/07, 06/18/07, 06/21/07, 06/27/07, 07/05/07, 07/16/07, 07/30/07, 08/13/07, 08/20/07, 08/21/07, 09/06/07, 09/26/07, 09/27/07, 10/16/07, 10/30/07, 11/08/07, 12/06/07, 01/08/08, 01/15/08, 01/29/08, 04/28/08, 05/08/08

### **PATIENT CLINICAL HISTORY:**

The case involves a male who had a large object fall on his foot. He sustained fractures and lacerations of the foot. He subsequently complained of knee and back pain.

The patient was then eventually referred to M.D. Dr. noted tenderness to palpation and pain with certain movements. His initial diagnosis was degenerative disc disease with a possible tear of the annulus fibrosis. He recommended a lumbar discography.

There were left sacroiliac joint injections performed and subsequently a discography was performed as well. There were two lumbar epidural injections performed without any significant relief of his symptoms.

Given that history, on January 29, 2008, Dr. recommended a lumbar interbody fusion from L5 to the sacrum.

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

It is my opinion that spinal fusion is not medically necessary and appropriate according to the ODG Guidelines. I agree with the peer reviewer in this case that the surgery is not appropriate. A pain generator still has not been identified in this case. There is no evidence of spinal instability or related disc pathology that would warrant the fusion. Therefore, in my opinion, transforaminal lumbar interbody fusion, L5-S1, left, is not reasonable or medically necessary.

**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)