

## **I-Resolutions Inc.**

*An Independent Review Organization*

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### **Notice of Independent Review Decision**

**DATE OF REVIEW: MAY 2, 2008**

**IRO CASE #:**

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

Medical necessity of XLIF at L4-5 and posterior lumbar interbody fusion at L5-S1, Iliac crest bone graft and instrumentation; four day inpatient stay; L0486 (TLSO brace at \$2887.00),63087,63088,63047,63048,22558,22612,22614,22842,22845,63012,22851,20938,77003,69990,95864,95920,95928,95929,95937.

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

M.D. Board Certified 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)

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

denial letters, 03/24/08, 3/3/08

11/20/06, 02/16/07, 10/05/07

Official Disability Guidelines Treatment in Worker's Comp 2008, Low Back  
Office notes Dr. 11/15/06, 12/13/06, 03/05/07, 10/05/07, 11/12/07, 02/15/08

Note Dr. 12/27/06, 12/28/06, 11/20/07

PA-C note 02/08/07

Operative note 06/06/07

MRI lumbar spine 10/25/07

Operative report 02/22/07

Note LPC 02/28/08

Letter from Dr. 03/14/08

MRI right knee 04/26/06  
10/26/06 FCE  
Dr. undated letter  
Message 06/12/07  
Dr. 06/19/07, 06/28/07, 09/11/07, 01/11/08  
Workers Compensation Form 09/28/07  
Dr. 01/25/08  
Surgery Request 03/03/08  
Cervical MRI 11/28/06

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male injured in a MVA. He has been treated for his cervical spine, lumbar spine and his right knee. Records showed that initially the cervical spine and right knee were the main focus of treatment. He underwent a right knee arthroscopy on 02/22/07 and a C4-5 and 5-6 anterior cervical discectomy and fusion on 06/06/07 after failing conservative treatment.

The claimant then reported predominant low back pain on 10/05/07. On examination there was tenderness of the lumbosacral spine and at T8. He had right sacroiliac notch tenderness. Reflexes were 2 plus, strength was 5/5 and there was hamstring tightness with straight leg raise. The 10/25/07 MRI of the lumbar spine showed an L4-5 diffuse annular bulge with posterior element and ligamentum flavum hypertrophy causing moderate canal stenosis and bilateral neural foraminal narrowing. At L5-S1 there was a diffuse annular bulge with a small right paracentral herniation resulting in mild compression on the right S1 nerve root and moderate right neural foraminal narrowing; moderate canal stenosis; and extensive epidural lipomatosis. He was referred for epidural steroid injections.

On the 11/20/07 examination prior to injections there was tenderness and limited motion, straight leg raise was negative with normal sensory and reflexes. The claimant was unable to toe or heel walk due to pain. It was felt that L3-4 was the pain generator and the claimant underwent L3-4 injections without improvement.

On the 02/15/08 visit with Dr. the claimant reported low back pain to the legs and toes, spasm and limited motion. On examination there was bilateral sacroiliac tenderness, normal strength and reflexes. The impression was L5-S1 herniation and stenosis at L4-5. X-LIF at L4-5 and PLIF at L5-S1 was recommended. The claimant had a psychological evaluation on 02/28/08 with the examiner noting that his presentation was not consistent with his reported symptoms. It was unclear if he was exaggerating his negative symptoms but this did not appear to preclude him from surgery. Surgery has been twice denied.

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

In review of the medical records there is no documentation of instability. There was no documentation of discograms resulting in concordant pain and to clear identification of pain generators. In light of his MRI findings, I could see no indication for the two level interbody fusion. There was no documentation clinically of radiculopathy. Based on the findings as noted, I agree with the previous denial for XLIF at L4-5 and PLIF at L5-S1.

The reviewer finds that there is not medical necessity for XLIF at L4-5 and posterior lumbar interbody fusion at L5-S1, Iliac crest bone graft and instrumentation; four day inpatient stay; L0486 (TLSO brace at \$2887.00) 63087, 63088, 63047, 63048, 22558, 22612,22614,22842,22845,63012,22851,20938,77003,69990,95864,95920,95928, 95929, 95937.

Official Disability Guidelines Treatment in Worker's Comp 2008, Low Back  
Not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction, but recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria There is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence

**Pre-Operative Surgical Indications Recommended:** Pre-operative clinical surgical indications for spinal fusion should include all of the following: (1) All pain generators are identified and treated; & (2) All physical medicine and manual therapy interventions are completed; & (3) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or discography (see [discography criteria](#)) & MRI demonstrating disc pathology; & (4) Spine pathology limited to two levels; & (5) [Psychosocial screen](#) with confounding issues addressed. (6) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing.

**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)**