

# Applied Resolutions LLC

*An Independent Review Organization*  
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## Notice of Independent Review Decision

**DATE OF REVIEW:** 05/31/08

**IRO CASE #:**

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

Lumbar laminectomy, discectomy L3-4, L4-5, L5-S1. Arthodesis with cages. Posterior instrumentation. Implantation of a bone growth stimulator (EBI) L4-5, L5-S1.

### **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)

Upon independent review the reviewer finds that the requested lumbar laminectomy, discectomy L3-4, L4-5, L5-S1 is not medically necessary, that the requested arthrodesis with cages is not medically necessary, that the requested posterior instrumentation is not medically necessary and that the requested implantation of a bone growth stimulator (EBI) L4-5, L5-S1 is not medically necessary.

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

Adverse Determination Letters 5/12/08, 4/29/08  
ODG Guidelines and Treatment Guidelines  
Subsequent Evaluations 2/25/08, 12/13/07, 11/13/07, 10/3/07, 7/24/07, 6/5/07  
Initial Evaluation 5/1/07, 4/27/07

Spine and Rehab Office Visits 2008 5/8, 5/6, 5/2, 4/29, 4/28, 4/25, 4/22, 2/25, 2/13, 2/15, 2/8, 2/11, 1/29  
Spine and Rehab Office Visits 2007 12/13, 12/3, 11/13, 10/3, 7/24, 8/28, 6/20, 6/26, 6/5, 5/15, 5/1, 4/27  
Lower EMG and Nerve Conduction Study 7/9/07  
MRI Lumbar Spine w/o contrast 6/9/06  
, MD Office Visit 2/12/08, 7/17/07  
, MD New Patient Consultation 6/28/06  
Therapy Referral Form  
Therapy and Medical group Notes 4/4/07, 9/18/06, 8/21/06, 7/24/06, 2/3/06, 6/16/04, 6/9/04?, 5/4/04?, 5/11/06,  
Lab Results 5/4/06  
Behavioral Health Evaluation 3/3/08  
Expected Surgery Codes  
, MD Office Procedure Note 12/4/07  
, MD Follow-Up Notes 1/24/08, 4/3/08  
, MD 2/7/08  
Request For Reconsideration 5/5/08  
Request For Surgery 4/24/08

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

This xx year old male was injured xx/xx/xx apparently while lifting a buffer off a truck when he twisted his back. He has had various treatments. He has had a discogram for this; rather, a CT in particular, which formed the basis of this surgical request. It revealed abnormal discs at L3/4, L4/5, L5/S1 with reproduction of his pain. There is no control level. He does not conform to the North American Spine Society's position statement of provocative discography and it is not, therefore, a study that can be considered reliable. Dr. mentions that the patient has bone-on-bone degenerative change of spondylosis at L4/5 and L5/S1. Proposal appears to be for two-level lumbar fusion with a discectomy and decompression at L3/4, although there are other areas where it appears that this may be a three-level lumbar fusion.

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

Upon independent review of the provided medical records and ODG Guidelines, the reviewer finds that the requested lumbar laminectomy, discectomy L3-4, L4-5, L5-S1, the requested arthrodesis with cages, the requested posterior instrumentation and the requested implantation of a bone growth stimulator (EBI) L4-5, L5-S1 are not medically necessary.

The previous adverse determination is upheld and the procedure is found not to be medically necessary due to a combination of factors. Firstly, while degenerative disc disease isolated to one or two segments has been found to occasionally, on a well-selected patient, be amenable to fusion, a well-selected patient requires careful psychological screening prior to the procedure. In this particular instance, the discogram proposed to describe a CT which appeared to form the basis for the requested surgery does not conform to accepted protocols, and in particular, North American Spine Society treatment protocols. With the current discussions, thanks to Caragee research concerning provocative discography, performance of discography in accordance with those latest recommendations is particularly important. This man clearly, if he does indeed have provocative pain at L3/4, would be a candidate for at least a three-level fusion rather than a two-level fusion; hence, would not meet the ODG criteria. Performing a lumbar laminectomy, discectomy at L3/4 above a two-level fusion will

destabilize him further, resulting in instability at L3/4. We do not know about the other levels, although the MRI clearly states that there are degenerative changes above the L3/4 level. It is for these reasons that this particular procedure is not deemed medically necessary and the previous adverse determinations have been upheld.

**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)  
NORTH AMERICAN SPINE SOCIETY POSITION STATEMENT ON PROVOCATIVE DISCOGRAPH