

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
12001 NORTH CENTRAL EXPRESSWAY
SUITE 800
DALLAS, TEXAS 75243
(214) 750-6110
FAX (214) 750-5825

Notice of Independent Review Decision

DATE OF REVIEW: October 1, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L3-S1 posterior lumbar decompression and fusion w L3-4, with intrabody fusion and intertransverse fusion, Pedicle Screws and rods from L3-S1 w/3 day inpatient LOS to include CPT codes: For ICD-9 724.2-63047; For ICD-9 722.10-63048, 22842, 20937, 22851, 22630, 22632, 22612, 22614, 76000.26.

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

Board Certified Orthopedic Surgery; American Academy Of Orthopedic Surgeons

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:

- not dated
- Orthopedic Associates 05/14/07, 07/06/07, 10/01/07, 12/17/07, 07/14/08, 07/22/08, 08/15/08, 08/19/08, 09/10/08, 09/22/08
- Neurology, 08/02/07
- Pain Management, 08/02/07
- MRI Center, 06/21/04
- Health System, 08/12/04, 08/12/04
- Medical Center, 06/11/07
- Surgery Center, 11/21/05
- Surgicare 08/08/07

Medical records from the URA include:

- Official Disability Guidelines, 2008
- 07/22/08, 08/19/08

Medical records from the Provider include:

- Orthopedic Associates 05/14/07, 07/06/07, 10/01/07, 12/17/07, 07/14/08, 08/15/08, 09/10/07, 09/22/08, 09/26/08
- Pain Management, 08/02/07
- Neurology, 08/02/07
- Physical Therapy, 08/22/08
- Medical Center, 06/11/07
- Surgicare 08/08/07
- Health System, 09/29/08

PATIENT CLINICAL HISTORY:

The patient is a male who is under the care of M.D, who submits a request for spinal decompression, instrumentation, and fusion from L3 to S1, with an on-the-job injury to his lumbar spine dating to xx/xx/xx.

The radiology report of an MRI study of June 21, 2004 reveals minimal loss of disc space height at L3-4, moderate loss of disc space height at L4-5, and moderate-to-severe loss of disc space height at L5-S1. The mid level bulge at L5-S1 is noted to be abutting the left S1 nerve root, which is mildly swollen. There was no nerve root compression at the L5-S1 level identified. The ligamentum flavum was thickened at L5-S1. However, there was no description of canal stenosis at L5-S1. The central disc protrusion at L4-5 reveals a 6 mm prominence in the AP dimension and migrates 14 mm inferiorly. There was moderate facet arthritis present in association with thickened ligamentum flavum at L4-5. There was mild canal stenosis present at this level. There is no description of central canal stenosis at L3-4. There was bilateral neural foraminal narrowing at L3-4. A listhesis was described on this study of June 21, 2004.

Dr. 's office note of May 14, 2007 indicates that the patient has undergone two prior lumbar spine surgeries and is presently working intermittently . His primary difficulty is continuing low back pain that varies with the level of physical activity, including work around the house. His low back pain is associated with pain radiating to both posterior buttocks, right greater than left. He rates his pain as 8/10. His prior treatment has included extensive physical therapy and pain management injections without improvement. The physical examination by Dr. in his workup of May 14, 2007 revealed flexion of the lumbar spine to 90 degrees without a pain response. His extension of the lumbar spine is possible just past neutral, with a significant increase in low back discomfort. The neuromuscular sensory examination is described as intact, however, I note that the "right lower extremity reflexes" are absent. Dr. indicates that an MRI of the lumbar spine from June 21, 2004, reveals degenerative disc changes at L3-4, L4-5 and L5-S1, including severe disc space height loss at L5-S1. There were significant multilevel facet arthritic changes present. There was a central herniation at L4-5 and a disc bulge at L5-S1.

A lumbar myelogram study was performed on June 11, 2007 for possible spinal stenosis. The radiology description reveals a patent spinal canal throughout the lumbar area. The greatest indentation of the thecal sac is described at L3-4, central and left-sided. The nerve root sleeves are intact, however, at L4-5, there is diffuse impression on the anterior thecal sac that extends to the bilateral lateral recesses as well, right greater than left. There was mild retrolisthesis noted at L3-4, L4-5, and possibly L2-3. The CT portion of this study following the myelogram of June 11, 2007 confirms the disc bulges described above, thickening of the ligamentum flavum described above, and facet joint arthritic changes described above. The disc spaces are normal on this CT study of June 11, 2007, with the exception of L5-S1.

Epidural steroid injections are confirmed with procedure reports of August 12, 2004, November 21, 2005, and August 8, 2007.

Dr. 's office note of July 6, 2007 mentions a motor vehicle accident in Africa involving the right lower extremity that may be significant in terms of muscle atrophy generally throughout the extremity and diminution in reflexes of the right lower extremity.

Dr. 's note of December 17, 2007 describes the significant stenosis at L3-4 and L4-5 that was present on the recent CT myelogram study. The radiologist who interprets this report indicates that at L4-5 there was moderate circumferential narrowing, as well as mild circumferential canal narrowing at L3-4.

The flexion and extension lateral x-rays in Dr. 's office in the report of July 14, 2008 did not reveal evidence of instability.

The neurodiagnostic studies of August 2, 2007 from Neurology are normal regarding an EMG study of the muscle groups of the lower extremities. The nerve conduction studies were abnormal and only revealed mild sensory peripheral neuropathy. There was no description of the paraspinal muscles being tested in this report.

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

The patient is a male with history of a work injury to his lumbar spine on xx/xx/xx, followed by two lumbar spine surgeries. At this time, he has continuing low back pain that radiates to both posterior buttocks and markedly limits his activities of daily life and work capability, 8/10 in degree of severity.

There is no specific neuromuscular sensory deficit noted in the patient's lower extremities that can be directly related to his lumbar spine.

The patient has not improved with tincture of time, physical therapy, and epidural steroid injections.

The diagnostic studies do not reveal instability on lateral flexion and extension x-rays. There is described mild listhesis in MRI/CT myelogram studies under the direction of Dr. There is mild stenosis noted at L3-4 and moderate stenosis at L4-5, in the presence of normal EMG studies of the lower extremities and paraspinal muscles not studied.

Therefore, it is my opinion that there is no justification for repeat surgery and surgical fusion in the patient's lumbar spine, and the denial of L3-S1 posterior lumbar decompression and fusion w L3-4, with intrabody fusion and intertransverse fusion, Pedicle Screws and rods from L3-S1 with a 3 day inpatient length of stay is 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)**