

# Independent Resolutions Inc.

An Independent Review Organization  
835 E. Lamar Blvd. #394  
Arlington, TX 76011  
Phone: (817) 349-6420  
Fax: (817) 549-0311  
Email: [rm@independentresolutions.com](mailto:rm@independentresolutions.com)

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/20/2009

**IRO CASE #:**

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

L3/4 X-Lift

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

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**

OD Guidelines

Office notes Dr. 08/24/95, 10/02/95, 10/23/95

MRI lumbar spine without contrast 05/28/08

Dr. (PM&R) Medical Record review 07/01/08

Office notes Dr. (PM&R) 10/24/08, 11/25/08, 01/02/09, 02/19/09

Office notes Dr. 12/08/08, 01/14/09, 03/09/09, 04/06/09, 05/29/09, 06/17/09, 07/01/09

MRI lumbar spine without contrast 02/18/09

Lumbar myelogram with flexion extension radiographs 06/09/09

06/09/09 CT scan post myelogram 06/09/09

Peer review Dr. (PM&R) 06/29/09

Peer review Dr. (N/S) 07/01/09

Peer review Dr. (ortho) 07/14/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a xx-year-old male with an injury date of xx/xx/xx. His surgical history is not clear with regard to dates and procedures. Records from 1995 indicate that the claimant apparently had a history of posterior lumbar interbody fusion L4 to sacrum prior to his injury. X-rays on 08/24/95 showed the instrumentation from L4 to the sacrum to be intact. On

10/23/95 the claimant was referred to Dr. for evaluation for anterior lumbar interbody fusion. There was mention of hardware being removed in 1996. The claimant continued to treat for a diagnosis of post laminectomy syndrome.

The records then lapse until 2008. A 05/28/08 MRI of the lumbar spine showed L3-4 disc bulge with moderate facet arthropathy; moderate bilateral neural foraminal stenosis with mild central stenosis. There were anterior interbody fusions at L4-5 and L5-S1. X-rays were noted to show a solid fusion.

On 10/24/08 Dr. performed electrodiagnostic studies showing evidence of bilateral L5-S1 radiculopathy. There was no evidence of polyneuropathy or focal nerve entrapment. Bilateral S1 transforaminal epidural steroid injections were given on 11/25/08, 01/02/09 and 02/19/09.

At the 01/14/09 visit with Dr. the claimant complained of numbness and tingling of both feet; right more than left. He was taking Lyrica and Celebrex. MRI of the lumbar spine on 02/18/09 showed a 3 mm diffuse disc bulge with moderate facet arthropathy and distraction and moderate bilateral neural foraminal stenosis with mild central stenosis at L3-4. At the 04/06/09 visit, the claimant continued to have significant discomfort about his feet and dysesthesias extending into his feet. On exam he had negative straight leg raise, 5/5 motor strength and complaints of dysesthesias to the dorsum of both feet. Dr. felt that the origin of his problem was his lumbar spine at the L3-4 level where he had a grade 1-2 listhesis with disc protrusion, which caused nerve and canal impingement. He recommended a CT/myelogram and oral steroids were prescribed.

The 06/09/09 lumbar myelogram with flexion extension radiographs showed there was pathologic motion with flexion and extension at L3-4 where there was a moderate to severe spinal stenosis accentuated with extension as well as a paucity filling of the nerve root sleeves bilaterally at this level. The CT scan post myelogram showed post op change at L4-5 and L5-S1 without significant stenosis at the operative levels. There was a trace anterolisthesis of L3 relative to L4. At L3-4 a disc bulge was present asymmetric towards the left with severe facet degeneration and ligamentum flavum buckling causing moderate spinal stenosis with severe subarticular recess narrowing as well as moderate right and severe left neural foraminal stenosis. Compression of the descending and exiting nerve roots was present bilaterally left greater than right. There was evidence of pathologic motion at this level on flexion extension radiographic views.

On 06/17/09 Dr. documented significant discomfort in the claimant's feet. Leg pain was more severe on the right side and he complained of numbness of the legs and feet. Medications included Celebrex, Neurontin, and Lortab. One exam the claimant had 5/5 motor strength. Sensory exam was equal and symmetrical and straight leg raise was negative. Dr. indicated that the CT/myelogram showed significant spondylosis and canal narrowing at L3-4 and a grade 1-2 spondylolisthesis at that level, decreased filling of the nerve roots, and marked central stenosis. The claimant was felt to have a solid fusion L4-S1. Dr. felt that the claimant was symptomatic as a result of severe stenosis at L3-4. He recommended anterior decompression and fusion along with posterior stabilization and decompression with instrumentation. The surgery was denied on peer review.

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

The evidence-based literature suggests that individuals can be considered reasonable candidates for surgical decompression when they have a preponderance of leg pain that can be attributable to a pathologic lesion on imaging. They should have failed a reasonable course of conservative care.

The claimant represents a very complex case to the extent that she has previously undergone lumbar fusions that do not appear to have resulted in long-term meaningful relief. That said, her imaging studies have shown progressive adjacent segment disease to the

point that she has severe neural foraminal stenosis documented on a recent CT myelogram on 06/09. Reportedly, she also has an anterolisthesis at that level. She has failed conservative care, including PT and medical management and has also had steroid injections, which apparently offered her some degree of relief, although it was temporary. The indications for fusion in this particular case would actually appear to be more relevant than the indications for surgical decompression. In an individual who has evidence of anterolisthesis at an adjacent segment and has documented stenosis accounting for their progressive increase in leg pain, would appear to be a reasonable candidate for surgical decompression. A simple decompression in the adjacent segment particularly in the face of spondylolisthesis is more likely to result in progressive instability. As such, the inclusion of this segment in the fusion in conjunction with the decompression would appear to be reasonable. In this particular case, due to the burning dysesthetic pain that can be well ascribed to a surgical lesion at that level, the request for surgical fusion would be considered a reasonable option in this case. These statements are made based on the documented imaging study findings, the progressive complaints of leg pain greater than back pain, and the failure of reasonable conservative care to date.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 Updates. Low back.

Patient Selection Criteria for Lumbar Spinal Fusion:

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)