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Notice of Independent Review Decision

DATE OF REVIEW: 08/31/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: under anesthesia lumbar, laminectomy discectomy L4-S1, arthrodesis with cages, posterior instrumentation L4-5, inpatient los x 2 days

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Records from D.C., 02/27/09
2. Records from M.D., 03/24/09, 04/01/09, 04/08/09, 06/24/09
3. Radiology report, 03/25/09
4. MRI of the lumbar spine, 04/02/09, 04/27/09
5. D.C., 04/09/09, 04/16/09
6. Records from M.D., 04/20/09
7. Records from D.C., 05/08/09
8. Procedure note from 05/11/09
9. Records from M.D., 05/19/09
10. Electrodiagnostic study, 06/01/09
11. Behavioral Health Assessment, 07/14/09
12. Records 07/28/09, 08/06/09
13. Records from M.D., 08/04/09
14. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee was injured on xx/xx/xx while lifting heavy boxes. She began experiencing low back pain and was treated with medications.

The employee's initial treatment was with D.C., who reported restricted lumbar range of motion and trigger points.

X-rays of the sacroiliac joint were performed at Diagnostic Imaging on 03/25/09 and reported scoliosis in the lower lumbar spine.

An MRI of the lumbar spine was performed on 04/02/09 at MRI and reported a minimal posterior central disc protrusion at L4-L5, a mild posterior central disc protrusion at L5-S1, and a mild lateral left disc bulge at L3-L4.

Dr. performed a consultation on 04/20/09. The doctor reported no atrophy in the lower extremities. He reported deep tendon reflexes of 0/4 in the right lower extremity. Toe walking was not possible on the right. The doctor reported decreased sensation of the right L4-L5-S1 distribution on the right. There were no paravertebral muscle spasms. Dr. recommended epidural steroid injections.

Dr. an orthopedic spine surgeon, examined the claimant on 04/28/09 and recommended surgery. The doctor looked at the x-rays and noted changes of 1 degree or less. Dr. found spondylosis and stenosis with facet subluxation. The physical examination included decreased knee jerk and ankle jerk on the right.

An epidural steroid injection was performed by Dr. on 05/11/09.

Dr. noted on 05/20/09 that the employee obtained no relief from the injection.

An EMG was performed by Dr. on 06/01/09 and reported a right L5 lumbar radiculopathy.

A behavioral health assessment was performed on 07/14/09 by M.A., and included the employee's personality, medical history, and current coping capacity, which pointed to a poor prognosis for the intended surgical procedure.

Dr. performed a Required Medical Evaluation (RME) on 08/04/09 and recommended psychological counseling as the employee was not a surgical candidate at that time. Dr. noted facet hypertrophy and multilevel disc degeneration. There was very little right leg pain, although she had a few Waddell's signs.

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

There were no indications for the requested surgery. ***Official Disability Guidelines*** recommend spinal fusion with certain indications. All pain generators must be identified, and in this case they are not. X-rays must be present demonstrating spinal

instability, and in this case they are not available. There were no flexion extension films to show instability, and the diagnostic studies revealed minimal degenerative changes. This employee had no segmental failure with progressive degenerative changes. There was no spondylitic spondylolisthesis, congenital neurological hyperplasia, or segmental instability with excessive motion. This request is not certified.

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

1. **Official Disability Guidelines**