



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 02/18/09

**IRO CASE NO.:**

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

Item in dispute: Lumbar laminectomy with fusion and instrumentation L4-L5, purchase TLSO back brace, and length of stay (1 night)

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

Board Certified Neurosurgeon

**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. , 10/17/08
2. M.D., 12/15/08, 12/29/08, 01/06/09, 01/12/09, 01/15/09
3. Operative report, 12/23/08
4. Radiology report, 12/23/08
5. , 01/06/09, 01/22/09
6. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee was injured on xx/xx/xx when she was performing lifting and pulling and experienced the onset of low back pain and leg pain.

The employee underwent extensive conservative measures and eventually underwent an anterior/posterior L5-S1 decompression fusion.

On 10/17/08, there was an MRI of the lumbar spine without contrast. The impression was severe narrowing of the central canal with mild to moderate foraminal narrowing at

L4-L5 associated with severe facet hypertrophy degeneration and mild broad-based posterior annular disc bulging. There were L5-S1 postsurgical changes. L4 and L5 pedicle edema was noted with differential considerations given.

On 12/15/08, the employee saw [redacted], M.D. Dr. [redacted] noted that the employee had not improved with conservative measures, and the next step was a lumbar myelography and CT scan for further investigation, as well as lateral flexion/ extension lumbar spine x-rays.

There was an operative report dated 12/23/08.

There was a lumbar myelogram on 12/23/08 from [redacted], M.D. The impression was thecal sac deformity. Dr. [redacted] also performed a CT of the lumbar spine on that date. The impression was spinal stenosis and prominent bilateral foraminal encroachment at L4-L5 secondary to disc plus facet disease.

The employee continued to follow-up with Dr. [redacted], and on 01/06/09, there was a letter from Dr. [redacted] indicating that the employee required a lumbar laminectomy with fusion and instrumentation.

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

I concur with the previous reviewers and find the request for lumbar laminectomy with fusion and instrumentation at L4-L5, purchase of a TLSO back brace, and length of stay (1 night) is not medically necessary. The submitted records do not satisfy the **Official Disability Guidelines** requirement for preoperative psychiatric evaluation. Both prior reviewers have noted this lack of documentation, and Dr. [redacted] does not appear to have referred the employee for preoperative clearance in the interval period. He reported on 01/12/09 that the employee has received extensive psychological counseling and has stopped smoking. The fact that this employee has received extensive psychological counseling establishes the need for this clearance to ensure that the employee is an appropriate surgical candidate from a psychological perspective.

Therefore, the request for lumbar laminectomy with fusion and instrumentation at L4-L5, purchase of a TLSO back brace, and length of stay (1 night) is not medically necessary.

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

##### ***1. Official Disability Guidelines***