



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 01/19/09

**IRO CASE NO.:**

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

Item in dispute: Posterior lumbar fusion at L4-L5, L5-S1, and Pedicle screw and Rods, ICBG, Anterior lumbar fusion L4-L5, L5-S1, CCALF, AOI screws, and Inpatient stay two days

**A 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 determination should be:

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. 03/27/07 – Diagnostic
2. 04/24/07 – xxxxx MRI & Diagnostic
3. 05/29/07 thru 09/23/08 – , M.D.
4. 05/31/07 – Electrodiagnostic evaluation
5. 06/15/07 – Operative report
6. 09/07/07 – Operative report
7. 01/30/08 – EMG and nerve conduction study
8. 02/01/08 –
9. 02/01/08 – MRI of the lumbar spine with and without contrast
10. 02/06/08 – , M.D., P.A.
11. 02/25/08, 08/06/08, 08/12/08, 09/18/08 –
12. 04/15/08, 05/20/08, 07/01/08, 08/12/08 – Dr.
13. 06/17/08 – Operative report
14. 10/20/08 – Radiology report
15. 11/05/08 – , M.D.
16. 11/12/08, 11/18/08, 12/11/08 –

17. 12/01/08– Surgery preauthorization

**18. Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee was injured while performing his regular job. He reported back pain and left leg pain while working as a . His medical history included being an insulin dependent diabetic.

An MRI of the lumbar spine was performed on xxxxx and reported multilevel degenerative disc disease with disc space narrowing, broad disc bulge, and levoscoliosis with straightening of the lumbar spine. There was moderate spinal canal stenosis at L4-L5 with multilevel bilateral neural foraminal narrowing. There was a 2-3 mm retrolisthesis at L4-L5 and L5-S1.

The earliest specialist examination was performed by Dr. on 05/29/07. Dr. noted back pain that radiated down the left lower extremity with back pain being the predominant problem. The leg pain went to the knee and sometimes the proximal calf. The physical examination reported that the claimant was neurologically intact with negative straight leg raising and no evidence of sciatica. There were no nerve tension signs identified. Reflexes, strength, and sensation were physiological in the bilateral lower extremities. Dr. noted that he found no evidence of nerve root tension sign, and he recommended a work conditioning program.

An EMG was performed by Dr. on 05/31/07 and reported a bilateral L5 lumbar radiculopathy.

The employee had epidural steroid injections which did not help.

Dr. performed surgery on 09/07/07 that included a left hemilaminectomy and discectomy at L4-L5 and L5-S1.

The employee's leg pain improved, but still had back pain and was unable to return to his heavy job.

An EMG was performed by Dr. on 01/30/08 and was reported as normal with no lumbosacral radiculopathy or polyneuropathy.

A second MRI was performed on 10/20/08 at . The report noted laminectomy defects at L4-L5 and L5-S1 with broad-based posterior protrusions at both levels, most prominent on the left side. There was mild to moderate right and left neural foraminal stenosis and bilateral facet arthropathy.

A lumbar arthrodesis has been requested based on the continued chronic low back pain. This request was previously non-certified by Dr. .

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

I agree with the conclusions of Dr. . **Official Disability Guidelines** do not recommend arthrodesis for chronic low back pain except with concomitant unstable lumbar element. A recently published well respected international guideline, the **European Guidelines**, concluded that fusion surgery for nonspecific chronic low back pain cannot be recommended unless two years of all other recommended conservative treatments including multidisciplinary approaches have failed, and then only in carefully selected patients with a maximum of two level degenerative disc disease. For chronic low back pain, exercise and cognitive intervention may be equivalent to lumbar fusion without the potentially high surgical complication rate.

This employee is neurologically intact with no evidence of radiculopathy on his initial examination or in a recent EMG. He has multilevel degenerative changes that are unlikely to be helped by an extensive arthrodesis.

The medical records provided for this review are not clear regarding his attendance at a work conditioning program. There are no indications for lumbar arthrodesis in this case. He has chronic low back pain related to his insulin dependent diabetes and his preexisting degenerative changes, and spinal arthrodesis is unlikely to help his low back pain.

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

1. ***Official Disability Guidelines***
2. ***European Guidelines***