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DATE OF REVIEW: July 1, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L5-S1 anterior/posterior spinal fusion; L5-S1 laminectomy

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

Diplomate, American Board of Orthopedic Surgery

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

PATIENT CLINICAL HISTORY:

The patient is a male who sustained a low back injury when he was pulling on a board at work on xx-xx-xx. His symptoms began with low back pain that radiated down the right leg of the posterior thigh, posterior calf, and right foot plantar surface. The pain diagram clearly describes this. Ultimately, he has developed pain going down both posterior thighs, calves, and feet. He has complained of numbness in his right lower extremity. Until recently, all of his symptoms were in the right lower extremity.

An MRI revealed a 5 mm, left-sided paracentral protrusion posteriorly elevating the S1 nerve root, with associated degenerative disc disease at the L5-S1 level.

An EMG study revealed active reinnervation of the right L5 nerve root with no active denervation. The physical findings reveal decreased sensation over the right medial shin

and medial foot (L5 and/or L4 nerve root, however, not S1). Some physicians have noted normal reflexes and some have noted right sided decreased reflex.

The patient has had extensive physical therapy without lasting relief.

The patient had 90% short-term relief of a right selective nerve root block. He had no response to a right S1 nerve root block.

The flexion and extension views revealed no instability of the lumbar spine, including the L5-S1 level.

The comorbidities include insulin dependent diabetes mellitus, hepatitis, and one-pack per day smoker times 20+ years.

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

Rationale: This patient presents with confusing and uncorroborated physical findings and diagnostic studies. The MRI reveals pathology on the left L5-S1 level with degenerative disc disease. His symptoms have always been on the right side until recently where he has developed pain going down both lower extremities in the posterior thighs and posterior calves, however, still along the S1 dermatome. The EMG findings reveal no active radiculopathy and only right L5 reinnervation. The sensory changes are along the right L4-5 dermatomes, while reflex changes are the S1 dermatomes. A selective right L5 nerve root block produced 90% short-term pain relief while a right S1 selective nerve root block gave no relief. The patient also has compounding comorbidities, some of which would definitely affect his physical findings.

Thus, the patient's clinical picture is big and unclear upon which a definite surgical recommendation cannot be made because a surgical lesion is far from being clearly defined. Furthermore, the patient has no objective signs of instability. Before surgery can be recommended and indicated, a clear indication to address a clearly defined lesion

is required (ODG, Back Chapter, 2008). Moreover, in order to recommend a fusion, instability has to be established (ODG, Back Chapter, 2008). Additionally, ODG does not recommend fusions for lumbar degenerative disc disease because their outcomes are uniformly poor (ODG, Back Chapter, 2008).

Therefore, based upon the above rationale and peer reviewed guidelines, the denial for L5-S1 anterior/posterior spinal fusion and L5-S1 laminectomy 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)