SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
12001 NORTH CENTRAL EXPRESSWAY
SUITE 800
DALLAS, TEXAS 75243
(214) 750-6110
FAX (214) 750-5825

Notice of Independent Review Decision

DATE OF REVIEW: July 13, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient lumbar spine surgery; examination under anesthesia, lumbar laminectomy, discectomy, arthrodesis with cages, posterior instrumentation and implantation of a bone grown stimulator EBI at L4-5-S1; and excision of mass at L3-4 to include CPT codes: 99220, 22614, 22612, 62290, 69990, 63035, 63030, 22899, 22851, 20938, 22842, 22558, 22585, 20975, 63085, 22325, 22328.

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)

PATIENT CLINICAL HISTORY:

The patient is a xx year-old whose mechanism of injury is stated as injuring his low back while driving a Bobcat over rough terrain. The pain radiated into his left lower extremity.

The imaging studies revealed an 8-9 mm, left-sided mass at L3-4, emanating from the facet joint as a synovial cyst that likely was impacting the traversing L4 nerve root. There was also a 7.5 cm (more likely than not this is typographical error) L4-5 spondylolisthesis. There was only a mild bulge present. There was also only a mild bulge present at L5-S1, without nerve root impingement at either level. There was disc degeneration at both L4-5 and L5-S1 levels.

On flexion/extension views, M.D. indicated there was a 20-degree change at L5-S1; however, no change was documented at L4-5. The physical examination revealed paresthesias on the left L4-5 and L5-S1 dermatomes, positive left sciatic notch tenderness, positive Spring test at L4-5 and L5-S1, positive Fortin finger test on the left, positive bilateral flip test, positive left Lasègue's sign, and a contralateral positive straight leg raising on the right. There was decreased left patellar tendon jerk and ankle tendon jerk, and no response on the posterior tibialis reflex bilaterally. There was weak left quadriceps, gastrocsoleus, anterior tibialis, and extensor hallucis longus muscles. Conservative measures have not been of lasting benefit.

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

The request is for an L4-5 and L5-S1 laminectomy and discectomy, arthrodesis with cages, posterior instrumentation and implantation of EBI bone stimulator, examination under anesthesia, and excision of an L3-4 left-sided mass.

The medical record review does not reveal consistent documentation of a disc herniation or consistent documentation of radiculopathy or nerve root compression. Although Dr. indicated there were L4-5 and L5-S1 herniations, the MRI findings do not support this. Dr. also documents decreased left-sided deep tendon reflexes with weakness of the left-side at several muscle groups with multilevel paresthesias and positive Lasègue's, positive crossed leg effect, and positive straight leg raises. However, the pain physician, , M.D., consistently documents normal reflexes, normal muscle strength, negative straight leg raises, and normal sensation. Additionally, Dr. indicated there was a 7.5 cm spondylolisthesis at L4-5. This measurement needs clarification.

Neuromotion angular instability is defined by the AMA Guides, 5th Edition, as greater than 20 degrees. Dr. indicated there was a 20 degree change in neuromotion segment at L5-S1. The AMA Guides, 4th Edition, defines lumbar instability as a translation between two vertebrae of greater than 5 mm and L5-S1 angular instability as an angular motion between L5 and S1 that is 15 degrees greater than the motion at the L4-5 level.

Moreover, ODG recommends that psychosocial testing be performed prior to a fusion. Psychological testing has been performed for a spinal cord stimulator, but did not include psychometric testing along with an MMPI-2. An MMPI-2 needs to be performed prior to proposed fusion.

Because of lack of consist documentation of objective signs or radiculopathy and nerve root compression, lack of corroborative MRI evidence of L5 and S1 nerve impingement, lack of objective evidence of L4-5 instability, and inclusive questionable signs of L5-S1

instability, and lack of meeting ODG criteria for a fusion, the request for discectomy and for fusion as stated above with EBI bone stimulator implantation is not certified.

The ODG does not recommend fusions for degenerative disc disease and only for instability as noted above. Also, ODG does not recommend laminectomies and discectomies for mild bulges as seen on MRI at the L4-5 and L5-S1 disc levels.

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)**