



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax:
877-738-4395

DATE OF REVIEW: 06/08/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

360 degree mini fusion at L4-L5 and L5-S1

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

Board Certified in 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

360 degree mini fusion at L4-L5 and L5-S1 - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Evaluations with M.D. dated 11/16/07, 01/04/08, 01/25/08, 02/22/08, 04/25/08, 05/09/08, 05/16/08, 06/13/08, 08/26/08, 10/07/08, 11/14/08, 01/16/09, 02/13/09, and 04/10/09

An Employer's First Report of Injury or Illness form dated xx/xx/xx

DWC-73 forms from Dr. dated 01/04/08, 01/25/08, 02/22/08, 04/25/08, 04/28/08, 05/09/08, 05/16/08, 06/13/08, 08/28/08, 10/07/08, 11/14/08, 01/16/09, 02/13/09, and 04/10/09

A preauthorization request from Dr. dated 01/25/08

An MRI of the lumbar spine interpreted by, M.D. dated 01/25/08 Operative reports from Dr. dated 02/12/08 and 11/04/08

A letter from Dr. dated 03/07/08

A PLN-2 form from the insurance carrier dated 03/20/08

PLN-8 forms from the insurance carrier dated 03/28/08 and 06/03/08

Evaluations with M.D. dated 04/03/08, 05/12/08, 07/21/08, and 08/18/08

Letters from B.S.N., R.N. dated 04/07/08 and 04/28/08

An Occupational Health Systems Record Retrieval dated 04/09/08

A prescription for physical therapy from Dr. dated 04/24/08

A second opinion MRI of the lumbar spine interpreted by M.D. dated 04/25/08

A letter to the patient from dated 04/28/08

An EMG/NCV study interpreted by Dr. dated 04/29/08

Evaluations with, P.T. dated 04/30/08 and 05/01/08

A prescription from Mr. dated 05/01/08

An evaluation with, M.D. dated 05/01/08

A Workers' Compensation Benefits form dated 05/01/08

Physical therapy with an unknown therapist (signature was illegible) dated 05/07/08 and 05/14/08

A letter from Dr. dated 05/15/08

PLN-11 forms from the insurance carrier dated 05/15/08 and 06/30/08

A telephone note from Dr dated 05/20/08

Progress reports from, M.S., M.B.A., C.R.C., C.C.M. dated 05/30/08, 07/22/08, 10/13/08, 11/14/08, 12/23/08, 01/19/09, 01/28/09, 02/19/09, 02/26/09, and 04/21/09

A letter from, Child Support Unit, dated 05/30/08

A Designated Doctor Evaluation with, M.D. dated 06/03/08

A Functional Capacity Evaluation (FCE) with an unknown provider (no name or signature was available) dated 06/03/08

A DWC-73 form from Dr. dated 06/03/08

A report from Ms. dated 06/16/08

A peer review from, M.D. dated 06/16/08

Letters of certification from R.N. dated 06/17/08, 10/20/08, 12/29/08, and 02/26/09

A lumbar myelogram CT scan interpreted by, M.D. dated 07/10/08

A peer review report from, M.D. dated 08/14/08

A letter of certification from R.N. dated 08/15/08

An MRI of the lumbar spine interpreted by M.D. dated 08/18/08

Evaluations with, M.D. dated 10/01/08, 12/22/08, 02/25/09, and 04/13/09

DWC-73 forms from Dr. dated 10/01/08, 12/22/08, and 02/25/09

A peer review report from, D.O., D.C. dated 10/10/08

A letter of certification from, R.N. dated 10/14/08

A peer review from an unknown provider (signature was illegible) dated 10/17/08

A psychological evaluation with, M.S. dated 10/17/08

A lumbar discogram CT scan interpreted by Dr. dated 11/04/08

A Request for Travel Reimbursement form dated 11/16/08
A surgery scheduling slip/checklist dated 12/22/08
A peer review report from, Ph.D. dated 12/25/08
A letter of certification from R.N. dated 12/29/08
A work status certificate from M.D. dated 03/20/09
A chronic pain management evaluation with Ph.D. dated 04/13/09
A letter of non-certification, according to the Official Disability Guidelines (ODG), from M.D. dated 04/21/09
A letter of non-certification, according to the ODG Guidelines, from Dr. dated 04/30/09
A letter from Dr. dated 05/14/09
An undated job description from
Email correspondence from Ms.
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On xx-xx-xx, Dr. discontinued Ultram ER and continued Soma and Lortab. An Employer's First Report of Injury or Illness form on xx-xx-xx. An MRI of the lumbar spine on 01/25/08 showed a bulging disc with osteophytes at L5-S1 and mild degenerative changes at L3 through S1. A right L5 selective nerve root block was performed by Dr. on 02/12/08. On 04/03/08, Dr. recommended an EMG and possible lumbar myelogram CT scan. A second opinion MRI of the lumbar spine interpreted by Dr. on 04/25/08 showed a new laminectomy change at L4-L5 and L5-S1 and facet degeneration at those levels. An EMG/NCV study interpreted by Dr. on 04/29/08 showed acute right L4-L5 radiculopathy and right peroneal neuropathy. Physical therapy was performed with an unknown therapist on 05/07/08 and 05/14/08. On 06/03/08, Dr. felt the patient was not at Maximum Medical Improvement (MMI). A lumbar myelogram CT scan interpreted by Dr. on 07/10/08 revealed postoperative changes at L4-L5 and L5-S1 and a possible disc extrusion. An MRI of the lumbar spine interpreted by Dr. on 08/18/08 showed postsurgical and degenerative changes at L5-S1 and L4-L5 and a hemangioma in the L2 vertebral body. A lumbar discogram CT scan interpreted by Dr. on 11/04/08 showed a degenerative pattern at L4-L5 and L4-L5 with a posterior fissure at L4-L5 and laminectomy, as well as concordant pain at both levels. On 12/22/08 and 02/25/09, Dr. recommended an anterior posterior fusion from L4 to the sacrum. On 04/21/09, Dr. wrote a letter of non-certification for the surgery. On 04/30/09, Dr. also wrote a letter of non-certification for the surgery.

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

The patient was injured when he was lifting a heavy weight. Even in view of his prior laminotomy years before, there is nothing that would indicate a permanent change to the spine occurred on 01/02/08. The ODG indicates that spinal fusion should only be attempted in few circumstances with definite instability,

spondylolisthesis, or other objective change. This patient just has axial back pain without any evidence of radiculopathy, spondylolisthesis, or instability. Therefore, according to the criteria promulgated by the ODG, the requested 360 degree mini fusion at L4-L5 and L5-S1 is not reasonable or necessary. The previous adverse determinations should be 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 AND KNOWLEDGE BASE**
- 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)