



IMED, INC.

1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

DATE OF REVIEW: 03/13/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Lumbar myelogram with flexion/extension x-rays

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 Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. M.D., 06/27/03
2. M.D., 09/22/03 thru 09/01/04
3. M.D., 10/13/03
4. M.D., 03/13/04
5. M.D., 04/12/04 thru 04/14/04
6. Ph.D., 04/13/04
7. Orthopedic Group, 06/01/04 thru 08/11/04
8. M.D., 12/01/04
9. Hospital, 04/21/05 thru 03/29/06
10. M.D., 05/16/05 thru 05/11/06
11. D.O., 05/26/05
12. M.D., 07/18/05
13. M.D., 07/19/05 thru 05/03/06
14. M.D., 10/17/05 thru 11/11/05
15. Surgical Specialty Hospital 05/11/06
16. D.C., & D.C., 08/01/06 thru 01/26/09
17. Spine & Rehab, 08/01/06 thru 01/26/09

18. M.D., 09/07/06
19. 10/19/06 thru 03/28/07
20. M.D., 02/27/07 thru 12/16/08
21. M.D., 04/27/07, 05/29/07
22. D.O., D.C. 05/25/07
23. Hospital, 12/10/07 thru 12/14/07
24. Medical Imaging, 04/24/08
25. M.D., 11/04/08 thru 02/06/09
- 26 12/12/08
27. **Official Disability Guidelines** Treatment Guides Back and Pain on disc PLN-11, 02/05/09

PATIENT CLINICAL HISTORY (SUMMARY):

The medical records indicate the employee sustained a work related injury on xx/xx/xx while lifting a case of applesauce.

The employee sought medical attention and was provided treatment in the form of medications, chiropractic therapy, epidural steroid injections, and diagnostic testing.

An MRI of the lumbar spine dated 05/08/02 revealed desiccation of disc height at L4 and L5 indicative of early degenerative disc disease. Spondylitic spondylolisthesis of L5 upon S1 by approximately 10%.

On 07/26/02, an MRI of the lumbar spine showed no evidence of epidural abscess. Mild posterior herniated nucleus pulposus at L4-L5 and bulge at L5-S1 without spinal canal stenosis or neural foraminal compromise was noted.

On 04/13/04, the employee underwent an L4-L5 and L5-S1 facet fusion. Postoperatively, the employee continued with low back pain. The employee underwent postoperative physical therapy.

On 09/01/04, the employee was noted to have reached statutory Maximum Medical Improvement (MMI) and was awarded a 20% whole person impairment rating.

On 07/28/05, the employee underwent a decompression of the nerve roots with posterior non-segmental instrumentation and repair.

Medical records reflect the employee continued with low back pain with radiation to the lower extremities. The employee continued to receive treatment in the form of physical therapy, medications, and chiropractic therapy.

On 04/10/07, the employee came under the care of M.D. The evaluation reported the CT scan of the lumbar spine showed postsurgical changes and attempted interbody fusion at L4-L5 and L5-S1 with anterior penetration of the pedicle

screws. There appeared to be no adjacent segment disease of the disc at L3-L4. The evaluator recommended proceeding with surgical intervention. The employee was continued on medications.

On 08/21/07, the employee reported she wanted to proceed with surgical intervention. The employee remained symptomatic with back pain and leg pain. The evaluator reported the employee would schedule surgery as time permitted. The employee was continued with therapy under the direction of D.C.

On 12/12/07, Dr. performed revision of lumbar spine surgery at L4-L5 bilaterally, L5-S1 bilaterally, and L3-L4 bilaterally. Revision of sacral spine surgery, first sacral interval bilaterally with decompression of the cauda equina and S1 nerve roots bilaterally, microdissection technique, harvesting and preparation of bone graft, removal of posterior instrumentation, segmental fixation L4-, L5, and S1 bilaterally. Exploration of arthrodesis. Primary repair of pseudoarthrosis L5-S1 bilaterally, and primary repair of bone deficit L4-L5 bilaterally.

An MRI of the lumbar spine dated 04/25/08 showed postoperative alignment of the lumbar spine with mild subluxation of L5 on S1. No postoperative arachnoiditis was noted. At L3-L4, an annular disc bulge flattened the thecal sac without foraminal narrowing or canal stenosis. At L4-L5, posterior interbody as well as posterolateral fusion and bilateral laminectomy was seen. No canal stenosis or foraminal narrowing was seen. At L5-S1, bilateral laminectomy with posterior interbody as well as a posterolateral fusion was seen. Anterior fixation was identified. A residual 3 mm left foraminal disc protrusion was noted with mild narrowing of the left neural foramen, facet joint arthrosis was seen. No postoperative canal stenosis was noted.

A follow-up visit with Dr. dated 08/12/08 noted the employee continued to have lower back pain with radiation to her left leg. The employee was being referred to chronic pain management, as she did not want further surgical intervention. The evaluator noted that x-rays of the hip did not show degenerative joint disease. X-rays of the lumbar spine to include flexion/extension revealed L4-L5 and L5-S1 decompression with global arthrodesis with no motion on flexion and extension views. The evaluator reported the employee would be seen on an as-needed basis.

On 11/11/08, the employee was evaluated by Dr. The employee reported progressive increasing pain and weakness of her right lower extremity. The evaluator recommended an MRI of the lumbar spine.

The employee underwent an interventional pain management evaluation. It was noted that the employee had undergone four spinal surgeries and continued to have failed back surgery syndrome and post-laminectomy syndrome. The evaluator recommended a trial for a spinal cord stimulator.

An MRI of the lumbar spine on 12/12/08 showed status post fusion L4 to S1. No focal disc protrusion or spinal stenosis was noted.

A follow-up visit with Dr. on 12/16/08 reflected the employee had a repeat MRI scan of the lumbar spine. This study revealed previous surgical changes at L4-L5 and L5-S1 with spondylolisthesis in the recumbent position measuring 5 mm now, which increased when she stood. The employee also had some recurrent herniated nucleus pulposus or significant scar tissue in the neural foramen at L5-S1 on the right. The employee's leg pain was increasing. The employee was having a progressive neurological deficit and now had 2/5 weakness of the right extensor hallucis longus, 3/5 of tibialis anterior, and 2/5 of extensor digitorum longus. The employee demonstrated positive sciatic notch tenderness on the right with absent posterior tibial tendon jerks bilaterally. The evaluator reported the employee had failed lumbar spine syndrome with fracture of previous fusion with pseudoarthrosis at L5-S1 and progressive neurological deficits with spondylolisthesis at L5-S1 with failure of conservative treatment now at one year. The evaluator reported that at that point because of the employee's progressive neurological deficit in her symptomatology, he felt that further conservative treatment was not warranted. The employee understood that she would have revision of lumbar spine surgery with exploration at L5-S1, particularly the L5-S1 neural foramen on the right side to free up the L5-S1 nerve roots on the right, reduction of the spondylolisthesis, and instrumented arthrodesis. She understood that the need for the surgeries because of her progressive neurological deficits and her increase in symptomatology with pain. She was status post anterior cervical discectomy and arthrodesis three weeks previous of her cervical spine, and she had done excellently from this.

On 12/29/08, M.D., performed a utilization review. The evaluator reported he could not recommend the proposed surgery as medically indicated and necessary. The evaluator reported there were no flexion/extension views recently to support motion segment instability.

On 01/08/09, M.D., performed utilization review reconsideration. It was his opinion that the claimant must have all preoperative clinical surgical indications for spinal fusion, and all generators should be identified and all physical medicine and manual therapies completed.

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

The request is certified. This employee has objective and subjective findings of failed back syndrome. Recognized guidelines recommend identification of pain generators prior to any consideration of further surgery. The requested procedures may illustrate any unstable areas in the previously operated areas and will clarify any indications for

surgery. The requested procedures may identify additional areas of postsurgical complications regarding the spinal nerves and spinal cord. Consequently, the denial is overturned.

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

1. *Official Disability Guidelines*