

SENT VIA EMAIL OR FAX ON  
Mar/31/2009

## Independent Resolutions Inc.

An Independent Review Organization  
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**DATE OF REVIEW:**

Mar/30/2009

**IRO CASE #:**

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

Inpatient Lumbar Surgery to include laminectomy L3/4/5/S1, arthrodesis with cages, posterior instrumentation and implantation of bone growth stimulator (EBI), at L5/S1 only, 2 day LOS

**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 determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

MRI lumbar spine, 9/26/07

EMG/NCS, 10/23/07

Office note, Dr. 11/21/07

Office notes, Dr. 2/5/08, 02/11/09, 03/11/09

Peer review, 2/28/09, 03/06/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant, male, reportedly developed lower back and leg pain after falling down three to four steps while carrying buckets of water on xx/xx/xx. The records indicated treatment included off work, physical therapy, pain medication, muscle relaxants and facet block. A lumbar MRI on 09/26/07 noted multilevel degenerative changes. At L3-4 and L4-5, there was mild canal narrowing secondary to a combination of posterior disc bulging, bilateral facet hypertrophy and ligamentum flavum thickening. There was mild neuroforaminal narrowing in the lower lumbar spine and mild decreased T1 marrow signal. Electrodiagnostic studies on 10/23/07 noted evidence of L4 and L5 bilateral radiculopathy. Peripheral neuropathy could not be ruled out and a follow up study in three months was recommended.

Dr. saw the claimant on 02/05/08 for a surgical consult. Exam findings noted positive sciatic notch tenderness on the left, bilateral positive flip test, bilateral Laseque's at 45 degrees and positive Bragard's on the left. Left ankle and knee reflexes were decreased with absent bilateral posterior tibial tendon reflex. There was paresthesia in the left L4 and L5 nerve root distribution with some weakness in the left gastric –soleus. Flexion /extension films noted an extension angle of 29 degrees at L5-S1 with retrolisthesis of 6 millimeters in extension. At L4-5 and L5-S1, the extension angle was 10 degrees with some facet subluxation but no gross instability at L3-4 or L4-5.

A recent office note from 02/11/09 noted increasing back and leg pain. Dynamic films reportedly showed gross instability at L5-S1 with an extension angle of 21 degrees with correction to 0 on forward flexion. The extension angle at L4-5 and L4-5 was five and 0 degrees with no instability. Surgical intervention was requested and non-certified on two previous reviews.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The request was to determine the medical necessity of two level decompression with arthrodesis at L5-S1.

The indications for surgical fusion are generally reserved for individuals who have evidence of structural instability and/or compelling indications such as progressive neurologic deficits, tumor, or infection. Individuals should have failed conservative care. Indications are similar for decompressive laminectomy and/or discectomy to the extent that individuals should have failed conservative care, should have obvious neural compression and should have a physical examination consistent with both imaging studies and subjective complaints.

In this particular case there is some degree of segmental instability that is suggested based on imaging studies and reports of dynamic x-rays at L5-S1. That said, and as noted by a previous reviewer, there is no evidence of distinct neural compression at L3-4 no support for further diagnosis of what has been reportedly diagnosed as three level disc pathology. More importantly EMG's showed evidence of an L4-5 radiculopathy, which is not a level that is going to be addressed.

In the absence of corroborative imaging studies, particularly at L3-4 there is no indication as to the need for decompressive surgery at this point in time. Thus, the entire request, particularly the fusion at L5-S1 in conjunction with decompressive surgery at L3-4 can neither be considered reasonable or medically necessary in this setting.

Official Disability Guidelines Treatment in Worker's Comp, 2009 Official Disability Guidelines, 14th edition

Milliman Care Guidelines  
Inpatient and Surgical Car  
13th Edition

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)