

SENT VIA EMAIL OR FAX ON  
Nov/28/2009

## True Decisions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Nov/25/2009

**IRO CASE #:**

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

XLIF (eXtreme Lateral Interbody Fusion) L2/3; 2 day hospital stay

**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, 03/04/09

Office note, Dr., 04/14/09

Operative report, Dr., 05/29/09

Office note, Dr. 09/11/09, 10/06/09

Pre-surgical psychological evaluation, Dr., 10/02/09

X-ray review, Dr. 10/06/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male diabetic with low back pain and left lower extremity pain. The MRI of the lumbar spine showed mild multi level degenerative disc disease, most prominent at L2-3 and multilevel degenerative facet disease. At L2-3, a disc bulge and facet disease produce a small canal but without significant spinal stenosis and mild to moderate foraminal narrowing bilaterally. Facet disease in the remainder of the lumbar spine produced a slightly small canal at L3-4 but without spinal stenosis or foraminal compromise. The 04/14/09 electromyography showed mild left L3 radiculopathy. There may be some overlap into L2 and L4 areas. There was no evidence for radiculopathy. It was noted that below the knees he has significant sensorimotor polyneuropathy likely secondary to type II diabetes. No evidence for specific lower extremity nerve entrapment was noted. There was no myopathic findings by the needle

electromyography. The 10/02/09 psychological evaluation deemed the claimant a candidate for surgery. Dr. evaluated the claimant on 10/06/09. Examination revealed weakness graded 3/5 strength testing to hip flexion. some weakness with knee extension as well as 4+/5 left lower extremity and pain along L2-3 myotome. The claimant has been treated with Vicodin and epidural steroid injection for 1-½ days of relief.

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

Review of the records provided supports the claimant is a xx-year-old gentleman who reports low back pain, left lower extremity pain on xx/xx/xx.

MRI of 03/04/09 showed degenerative changes at multilevels, most prominent at L2 3 with small canal, but without significant stenosis. Mild to moderate foraminal stenosis was noted.

The claimant saw Dr. on 04/14/09. He was taking Vicodin. EMGs were suspecting of a mild L3 radicular irritation, no evidence for radiculopathy. Below the knees, he had a polyneuropathy associated and consistent with type II diabetes. He noted the history and recommended to lose weight and epidural steroid injections.

Epidural injection was performed at L3 on 05/29/09. Dr. saw the claimant back and treated him with physical therapy for worsening pain.

The claimant was cleared for surgery by Dr. on 10/02/09. Dr. recommended L2-3 fusion for reports of back pain and lower extremity pain, weakness grade III IV.

Based solely on review of the records provided and evidence-based medicine, the Reviewer cannot recommend the proposed surgery as medically indicated and necessary at this time.

It is unclear if they are planning a decompression followed by fusion. It is unclear if there is any evidence of motion segment instability at L2-3, as the motion segment studies are not documented. There is minimal degeneration noted on the MRI at L2-3. It might be reasonable to consider a CT myelogram as recommended by the guidelines.

It is unclear if they have exhausted conservative care, weight loss, physical therapy, stretch, strength, range of motion, modalities, oral steroid preparation or anti-inflammatory medications.

Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, chapter low back, fusion

**Pre-Operative Surgical Indications Recommended:** Pre-operative clinical surgical indications for spinal fusion should include all of the following: (1) All pain generators are identified and treated; & (2) All physical medicine and manual therapy interventions are completed; & (3) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or discography (see [discography criteria](#)) & MRI demonstrating disc pathology; & (4) Spine pathology limited to two levels; & (5) [Psychosocial screen](#) with confounding issues addressed. (6) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing. ([Colorado, 2001](#)) ([BlueCross BlueShield](#)).

Milliman Care Guidelines, Inpatient Surgery, 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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)