

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 10/28/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: L5-S1 Anterior lumbar interbody fusion/2 day LOS

**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 Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

**PATIENT CLINICAL HISTORY
(SUMMARY):**

This employee is a male employee when he was injured while working at his job on xx/xx/xx. After lifting heavy products, he experienced low back pain.

Initial examination included tenderness to the lumbar spine with an unremarkable neurological examination. He was referred to physical therapy and placed on light duty.

Dr. examined the injured employee on xxxxx. The doctor noted complaints of back pain and bilateral thigh pain. Neurological examination was normal with symmetrical reflexes, strength, and sensation in the bilateral lower extremities. He had restricted range of motion.

An MRI of the lumbar spine was performed, which reported straightening due to muscle spasms and a 7-8 mm right paracentral disc protrusion at L5-S1. He also had disc desiccation.

An EMG on 03/24/08 reported a chronic right L5 radiculopathy. Dr. performed a lumbar epidural steroid injection on 03/24/08.

On 03/31/08, Dr. noted that there was no relief from the epidural steroid injection.

Dr. took the employee to surgery on 06/03/08 for a lumbar microdiscectomy and partial facetectomy at L5-S1 on 06/03/08. Although he had early relief, he continued to complain of low back pain at a level of 6/10.

A second postoperative MRI was performed on 10/28/08 and reported straightening due to muscle spasms and an enhancing right paracentral annular operative defect at L5-S1 with a postoperative laminectomy defect and disc desiccation.

Dr. examined the employee at xxxxx on 07/16/09 and proposed a spinal reconstruction at L5-S1.

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

This injured employee had no indication for a lumbar arthrodesis. **Official Disability Guidelines** recommendations for fusion include identification of pain generators and motion studies demonstrating spondylolisthesis. None of those studies have been obtained, and they are not indicated. This employee has subjective complaints of low back pain in the face of a normal neurological examination. His EMG was not consistent with the physiological clinical findings or with the MRI studies. If he had an L5 radiculopathy, it was unrelated to the disc protrusion at L5-S1. In addition, his lack of improvement after epidural steroid injections mitigate against a diagnosis of discogenic pain. Therefore, he had no indications for arthrodesis, and this request is not certified.

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

1. Official Disability Guidelines