

SENT VIA EMAIL OR FAX ON
Sep/23/2009

True Decisions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (214) 717-4260
Fax: (214) 594-8608
Email: rm@truedecisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Sep/23/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
inpatient lumbar surgery, for the treatment injury; length of stay 2 days

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
Office note, Dr. 6/23/08
Office notes, Dr. 06/25/08, 06/30/08, 07/14/08, 08/15/08, 08/25/08, 09/17/08, 10/17/08, 11/17/08, 01/05/09, 02/02/09, 03/04/09, 04/15/09, 04/29/09
Office note, Dr. 07/15/08
Lumbar myelogram, 05/15/09
Post myelogram CT, 05/15/09
Office notes, Dr. 06/16/09, 06/17/09, 07/07/09
Behavioral health assessment, 08/04/09
Peer review, Dr. 08/14/09
Peer review, 08/26/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female with complaints of low back pain and bladder discomfort. On 06/23/08, Dr. noted that the MRI-myelogram showed multiple bulging discs. The 05/15/08 lumbar myelogram showed anterior extradural impressions on the thecal sac at L1-2, L2-3, L3-4 and

L4-5 consistent with bulging of the discs. There is no moderate or severe spinal stenosis at any level. The 05/15/09 post myelogram CT showed lumbar spondylosis changes with annular disc bulges at all levels. At L4-5, there was lateral left sided intraforaminal disc herniation with compression of the left L4 nerve root in the neural foramen. At L5-S, there was a small central disc herniation abutting both S1 nerve roots in the lateral recess. On 06/16/09, Dr. stated that the MRI showed L1-2, L2-3, L3-4, L4-5 and L5-S1 contained disc herniations rated as stage II with annular herniation, nuclear protrusion, spinal stenosis and spondylosis. Dr. evaluated the claimant on 06/17/09. The claimant reported back pain and some bladder discomfort. Examination revealed mild paravertebral muscle spasm, positive spring test at L4-5 and L5-S1, positive Fortin finger test on the right, positive sciatic notch tenderness bilaterally, absent posterior tibial tendon jerks and positive extensor lag. X-rays of the lumbar spine including flexion and extension showed L1-2, L2-3 spondylosis, facet subluxation, foraminal stenosis with retrolisthesis at both levels indicating a clinical instability pattern. Dr. stated that there was spondylosis and facet subluxation at L3-4, L4-5 and L5-S1. L1-2 and L2-3, which met clinical instability criteria. The diagnoses were: L1-2, L2-3 instability with discogenic pain multiple levels and primarily axial symptoms rule out cauda equina syndrome. Dr. recommended decompression and stabilization at L1-3 on 07/07/09. The 08/04/09 behavioral health assessment deemed the claimant a good candidate for surgery.

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

There are relatively unremarkable findings on imaging studies in this case. There is definite multi level degenerative change as would be expected at this claimant's age. No flexion or extension, radiographic reports are available to confirm the diagnosis, of instability. Based on the information provided the Reviewer would not be able to recommend as medically necessary the proposed intervention.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates, (i.e. 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)