

SENT VIA EMAIL OR FAX ON  
Nov/05/2009

# Applied Resolutions LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Nov/04/2009

**IRO CASE #:**

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

Inpatient lumbar surgery to include lumbar laminectomy, discectomy, arthrodesis with cages, posterior instrumentation, and implantation of bone growth stimulator L4-L5-S1, reduction of spondylothesis L5-S1

**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, 03/09/09

Office notes, Dr. 5/14/09, 08/10/09

Evaluation, Dr. 8/14/09

Office notes, Dr. 9/8/09, 09/08/09

Psych evaluation, Ph.D., 9/16/09

Peer review, Dr. 9/17/09

Peer review, Dr. 9/28/09/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female with a low back injury on xx/xx/xx. MRI of the lumbar spine was done on 03/09/09. At L4-5 there was an annular disc bulge that flattened the thecal sac with bilateral facet joint arthrosis. Mild narrowing of the left neuroforamen was identified. At L5-S1 there was grade I spondylolisthesis with bilateral spondylolysis. A 5.0 mm annular disc bulge was noted. Facet joint arthrosis with severe bilateral foraminal encroachment was identified.

The claimant treated with Dr. for low back pain with pain radiating into the left hip and leg. The claimant had positive Trendelenburg on the left producing mild to moderate pain; positive heel walking on the left. Left straight leg raise was positive producing mild to moderate pain at 68 degrees. Fabere Patrick test was positive on the left producing mild pain. There was lumbar paraspinal tenderness and restricted lumbar range of motion. X-ray of the lumbar spine on 01/12/09 showed 1 cm of anterior spondylolisthesis of L5 relative to S1. Dr. recommended medial branch blocks at L4-5, L5-S1. He felt that the claimant was a candidate for lumbar laminectomy discectomy and fusion L5-S1 and laminectomy at L4-5 with discectomy and probable fusion.

On 08/10/09 Dr. noted no relief with injections. The claimant had constant low back pain that radiated into the left hip and leg. The full report was not provided. The claimant had an evaluation with Dr. on 08/14/09 with complaints of constant pain and problems sleeping; not eating well and crying spells. On exam the claimant had tenderness more towards the left; reflexes were within normal limits. Straight leg raise was positive on the left. The claimant was started on Neurontin and Cymbalta and a chronic pain management program was recommended.

The claimant began treating with Dr. on 09/08/09 for back and bilateral leg pain, worse on the left. The back pain was greater than the leg pain. Dr. stated that X-rays of the lumbar spine to include flex/ext views revealed L5-S1 isthmic spondylolisthesis at 18 mm, grade 2, nearly grade 3. L5-S1 revealed facet subluxation, foraminal stenosis, an extension angle of 18 degrees, which corrected somewhat in forward flexion. He felt this demonstrated a clinical instability pattern and would require instrumentation to reduce the spondylolisthesis. On exam the claimant had a positive spring test at L4-5 and L5-S1, positive extensor lag, positive sciatic notch tenderness bilaterally, although worse on the left, positive flip test bilaterally, positive Lasègue on the left at 45 degrees, contralateral positive straight leg raise on the right at 75 degrees with pain referred to the back and left lower extremity, decreased knee and ankle jerk on the left, absent posterior tibial tendon jerk bilaterally; paresthesias in the L5 and S1 nerve root distribution on the left and L5 nerve root distribution on the right, weakness of gastroc on the left, and weakness of EHL bilaterally. The impression was lumbar HNP at L4-5, lumbar HNP with spondylolisthesis and instability at L5-S1 with failure of conservative treatment. Dr. recommended decompression discectomy and arthrodesis at L4-5, decompression discectomy, reduction of spondylolisthesis and arthrodesis at L5-S1 and use of a bone growth stimulator due to a two level procedure. The surgery was denied on peer review.

The claimant had a psych evaluation on 09/16/09 regarding individual psychotherapy due to concerns of chronic pain, anxiety, and depression. It was felt that the claimant was an appropriate candidate for individual counseling, which would address the symptoms of depression and anxiety and would also assist the claimant in preparation for lifestyle changes in the event that surgery was performed. Ten sessions of individual counseling was recommended.

Records indicate that the claimant has been treated with medications, physical therapy, and injections. She is a non-smoker.

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

This is a female. The request is for lumbar laminectomy, discectomy, arthrodesis with cages, posterior instrumentation, and bone growth stimulator at L4-5 and L5-S1 with reduction of L5-S1 spondylolisthesis. Date of injury was xx/xx/xx. Diagnostic studies show a grade I L5-S1 spondylolisthesis with a bilateral pars defect. The patient has had low back pain radiating into her left hip and leg. Conservative treatment has consisted of medial branch blocks, which did not result in any improvement as well as therapy. The patient has also been treated with medication.

The most important fact is that she had a psychology evaluation on 09/16/09. The psychologist felt that she was an appropriate candidate for counseling and would benefit from

that form of treatment.

There is no indication based on the records reviewed that she has undergone psychological counseling. The case has been previously denied based on the fact that individual counseling was recommended to deal with her psychologic issues prior to surgery. It has not been documented that this has been the case. There is no documentation that she has undergone psychological counseling.

**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)