

SENT VIA EMAIL OR FAX ON  
Sep/21/2009

## Applied Resolutions LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Sep/21/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
360 Exploration of Fusion at Levels L3 to S1 and 2 day In-Patient 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  
Office note, Dr. 03/02/07, 06/22/07  
CT lumbar spine, 03/14/07  
MRI cervical spine, 03/14/07  
MRI lumbar spine, 06/25/07  
Office note, Dr. 05/11/09, 06/26/09  
X-rays, Dr. 05/11/09  
X-ray lumbar spine, 05/11/09  
Office notes, Dr. 06/01/09, 06/25/09  
Urine drug screen, 07/14/09  
Peer review, 08/25/09  
Appeal, 08/03/09  
Back Institute, 05/10/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male injured on xx/xx/xx. He had a lumbar fusion at L4-5 in the remoted

past. The claimant has had low back pain since at least 2007 that was treated with medications.

A 03/14/07 CT of the lumbar spine showed the canal was narrowed L2-5 with short pedicles. Spinal canal narrowing was seen at L2-3, 3-4 and 4-5. At L3-4 the fat around the nerve root was obscured suspicious for herniation with nerve impingement. An attempt to fuse L4-5 was seen with bony irregularity and a narrowed posterior disc space; the foramina were narrowed due to spurring with hypertrophic bone formation due to the fusion attempt.

The 06/25/07 MRI of the lumbar spine with and without contrast showed L2-3 diffuse bulging with moderate degenerative change and mild bilateral foraminal narrowing. There was an L3-4 disc osteophyte with severe facet degeneration, spinal stenosis with the canal at 6mm, and moderate to severe bilateral foraminal narrowing. At L4-5 was moderate disc osteophyte formation; the canal narrowed to 10mm indicating borderline stenosis and there was severe facet degeneration and moderate to severe bilateral foraminal narrowing with severe loss of disc space height. There was an L5-S1 mild disc osteophyte and a left laminectomy; scar formation into the left foramina with prominent facet degeneration caused severe left foraminal narrowing and moderate right; and moderate loss of disc space height.

On 05/11/09, Dr. saw the claimant for low back pain and severe left leg numbness. He noted the claimant had therapy and injections in the past without benefit. Dr. also noted a history of smoking. On examination, there was 5/5 lower extremity strength. Tension signs were positive on the left for back and thigh pain. The impression was pseudoarthrosis and lumbar radicular pain. A CT myelogram was recommended. The 05/11/09 x-rays read by Dr. documented there was no instability. There had been attempted fusion without hardware with lucencies at L4-5 and L5-S1 and a failed fusion at L4-5. The 05/11/09 x-rays of the lumbar spine read by the radiologist noted significant degenerative disc disease at L4-5 with loss of disc height and subchondral sclerosis and plate osteophytes as well as significant facet arthropathy at L4-5 and L5-S1.

On 06/01/09 Dr. , PhD, evaluated the claimant and felt he had significant risk factors for reduced spine surgery outcome such as history of substance abuse, high SOAPP score and suicidal ideation. He felt the claimant would need to have a random drug screen, discogram to determine pain generators and one session of psychological follow up to determine readiness for surgery. A 06/25/09 noted from Dr. indicated that if the claimant passed the drug screen, he would be clear to proceed with surgery.

A 06/26/09 noted from Dr. noted a CT myelogram was remarkable for suspicion of L4-5 pseudoarthrosis; facet overgrowth and stenosis with the left laminotomy was visible. He reported there was severe stenosis at L3-4 with osteophytosis making a tight spinal canal. On examination, there was 5/5 strength and negative sciatic tension signs. Dr. recommended fusion, to quit smoking and a drug screen. This was carried out on 07/14/09 and was unremarkable.

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

There is certainly a concern for pseudoarthrosis from a prior fusion attempt in this case. However, the pathology at other levels would appear to be purely stenotic. The CT myelographic report is not actually available. Spine pathology in this case is not limited to two levels.

The psychologic evaluation in this case is worrisome with significant risk factors for reduced spine surgery outcome, even though the psychologist suggested that the claimant would be cleared if he passes a urine drug screen. There is documentation of a smoking history, but apparently he has quit smoking.

Although repair of the L4-5 pseudoarthrosis would definitely be indicated, there is an absence of recent imaging studies to satisfactorily explain the addition of fusion one level above and

one level below.

Official Disability Guidelines 2009 Low Back Fusion

**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)