

**Independent Reviewers of Texas, Inc.**

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Notice of Independent Review Decision

**DATE OF REVIEW:** 09/09/09

**IRO CASE NO.:**

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

Item in dispute: Two day inpatient stay; request and a L4-S1 360 fusion

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Texas Board Certified Orthopedic Surgeon

**REVIEW OUTCOME**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

**PATIENT CLINICAL HISTORY (SUMMARY):**

This employee was injured on xx/xx/xx while working. He was climbing down some stairs off of a drilling rig when he fell and landed on his left buttock. He had early treatment with conservative care.

An MRI of the lumbar spine was performed on 11/08/05, which reported normal findings in the lumbar spine. At L4-L5, there was a broad 2 mm disc protrusion/herniation with borderline canal stenosis.

An EMG was performed by on 11/09/05, which was negative for neuropathy or radiculopathy.

Dr. examined the claimant on 12/15/05 at the Back Institute. The doctor reported symmetrical reflexes, strength, and sensation in the bilateral lower extremities, and negative straight leg raising. The doctor prescribed medication and scheduled him up for epidural steroid injections.

The employee felt better after the second epidural steroid injection with some improvement in his back pain.

Facet injections were performed on 03/23/06. There was no report on clinical improvement.

A CT discogram was performed on 07/13/06, which reported essentially normal discogram in the upper lumbar area. At L4-L5, there was a diffuse disc bulge of a large annular rim centrally and large radial fissures. At L5-S1, there was a predominantly central contrast collection with no definite disc herniation. There were mild facet hypertrophic changes.

Dr. noted on 08/02/06 that the pain level was 8/10 in the lumbar spine. He was neurologically intact with negative straight leg raising and symmetrical reflexes, strength, and sensation. Dr. has now recommended a 360 lumbar arthrodesis.

A behavioral medicine evaluation performed on 06/09/09 found a high risk brain score aberrant medication and a fair to good prognosis for surgery.

A previous reviewer has denied the request for surgery saying this claimant has been refractory to all conservative care including facet injection. There was no evidence of neurologic deficit and no evidence of segmental instability.

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

The ***Official Disability Guidelines*** recommendation that provide indications for spinal fusion may include a neural arch defect, segmental instability that was objective demonstrable with excessive motion, and primary mechanical back pain. The ***Official Disability Guidelines*** also state there was a lack of support for fusion for mechanical low back pain for patients with a total disability over six months and active psychological diagnosis. This injured employee had no diagnostic studies which demonstrate spinal instability. He had a psychological diagnosis that mitigate against any surgical intervention. In addition, arthrodesis for mechanical back pain has rarely been successful. This injured employee has no indication for surgery, and the 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**