

# **INDEPENDENT REVIEWERS OF TEXAS, INC.**

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**DATE OF REVIEW:** 08/24/10

**IRO CASE NO.:**

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

Item in dispute:

APPEAL Lumbar laminectomy discectomy L3-4-5 S1

APPEAL Arthrodesis with cages, posterior instrumentation

APPEAL Implementation of a bone growth stimulator

APPEAL Expected length of stay 2 days

Request Received Date 07/25/2010 07/25/2010 07/25/2010 07/25/2010

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

Texas Board Certified Orthopedic Surgeon

Texas Board Certified Orthopedic Sports Medicine

**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**

1. 12/29/09 - MRI Lumbar Spine
2. 03/24/10 - Electrodiagnostic Studies
3. 04/16/10 - Clinical Note - MD, Ph.D.
4. 05/17/10 - MRI scan review
5. 05/18/10 - Clinical Note - M.D.
6. 07/12/10 - Letter - M.Ed, LPC
7. **Official Disability Guidelines**

## **PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a male who sustained an unknown work injury to the low back on xx/xx/xx.

The clinical notes begin with a MRI of the lumbar spine performed 12/29/09 that demonstrated degenerative disc disease at L3-L4 through L5-S1, most prominent at L4-L5 where there was central disc extrusion with disc material migrating inferiorly with potential to irritate the transiting left L5 root.

An addendum dated 01/04/10 stated there was no significant change in the pattern of degenerative disc and facet disease since the prior examination on 02/28/08. There was a stable retrolisthesis at L4 and L5.

Electrodiagnostic studies performed on 03/24/10 demonstrated electrodiagnostic evidence consistent with lumbar polyradiculopathy affecting the right L4 and L5 nerve roots. Reinnervating motor unit potentials were identified exclusively without evidence of active axonopathy. There was evidence strongly suggestive of lumbosacral sensory radiculopathy affecting the left S1 nerve root. The motor fibers appeared unaffected at that time. There was no evidence of lumbosacral plexopathy, focal compression neuropathy of the lower extremity, peripheral neuropathy or myopathy.

The employee saw Dr. on 04/16/10 with complaints of low back pain, frequent urination, left groin pain, and sexual dysfunction. The employee reported some improvement in his pain with the current medication. Physical examination revealed restriction of lumbar range of motion with loss of sensation in the left L5-S1 nerve distribution. There was also weakness in the left lower extremity. The employee was assessed with chronic pain syndrome, lumbosacral radiculopathy, and complaints of sexual dysfunction. The employee was referred for possible lumbar surgical evaluation. The employee was prescribed Lortab 7.5/500 mg and Flexeril 10 mg.

The employee saw Dr. on 05/18/10 for surgical consultation. The note stated the employee had failed conservative treatment over the last eighteen months to include exercise program, medications, and offered epidural steroid injections. The employee admitted to smoking, but had promised to stop. The employee denied bowel or bladder dysfunction. Physical examination revealed positive spring test at L4-L5 and L5-S1, positive extensor lag, positive sciatic notch tenderness bilaterally, positive flip test bilaterally, positive Lasegue's in the left at 45 degrees, and positive Braggart's. There was decreased knee jerk on the right. Paresthesia was noted in the L5 and S1 nerve root distribution on the left. There was weakness of the gastrocsoleus on the left. The employee was assessed with lumbar herniated nucleus pulposus at L3-L4, L4-L5, and L5-S1 with clinical instability at L4-L5 and L5-S1 with failure of conservative treatment

greater than eighteen months. The employee was recommended for decompression and discectomy at L3-L4, L4-L5, and L5-S1 with instrumented arthrodesis at L4-L5 and L5-S1 with bone growth stimulator unit.

A letter dated 07/12/10 stated the employee underwent ten psychological sessions. The employee reported depression and anxiety related to the stress of what he perceived to be a hostile work environment due to conflict with an immediate supervisor. Other stressors included chronic back pain and his wife's pregnancy.

The request for lumbar laminectomy discectomy L3, L4, L5, S1, arthrodesis with cages, posterior instrumentation, implementation of a bone growth stimulator, expected length of stay two days was denied by utilization review on 07/21/10 due to lack of documentation of conservative treatments. The official report of the x-ray of the lumbar spine regarding the instability was not provided for review. There was no clinical documentation of the employee's past medical illnesses, comorbid conditions, as well as other risk factors to necessitate the need of a bone growth stimulator.

The request for lumbar laminectomy discectomy L3, L4, L5, S1, arthrodesis with cages, posterior instrumentation, implementation of a bone growth stimulator, expected length of stay two days was denied by utilization review on 08/02/10 due to no imaging documentation of instability at the L3-L4 level.

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

The requested lumbar laminectomy discectomy L3, L4, L5, S1, arthrodesis with cages, posterior instrumentation, implementation of a bone growth stimulator, expected length of stay two days is not indicated as medically necessary. There is minimal clinical documentation regarding prior conservative care. No procedure or physical therapy progress notes were provided for review. Although the employee does have evidence of a disc herniation at L4-L5, there is no evidence of motion segment instability on flexion/extension radiographs. The employee is noted to have undergone psychological treatments, and there is no post treatment psychological evaluation that clears the employee of any confounding issues indicating a poor outcome from the requested procedures.

As the clinical documentation does not meet the recommendations within guidelines, the requested surgical procedures would not be indicated.

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

**Official Disability Guidelines**, Online Version, Low Back Chapter