



Notice of Independent Review Decision

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 02/03/10

**IRO CASE #:**

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

L4/L5, L5/S1 discectomy, L4 laminectomy decompression, instrumented fusion, and three-day to five-day length of stay

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spine injury

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
			<i>Prosp</i>						<i>Overturn</i>

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI case assignment
2. Letters of denial 11/11 & 11/20/09, including criteria used in the denial (ODG).
3. Designated doctor exams 05/20, 06/12, 12/11 & 12/15/09.
4. Clinical observations/comments 06/01/09.
5. Spine specialist's treatment documentation 04/15, 07/17, 08/05 & 10/19/09.
6. Pain management procedures and treatment documentation 01/06 – 05/19/09.
7. Discography 06/01/09.
8. Physical Medicine/Rehabilitation evaluation 01/07/09.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This truck driver suffered a lumbar spine injury on xx/xx/xx when a heavy metal door swung open and struck him in the lumbar spine region. He initially had low back pain and left leg pain. Ultimately the left leg pain resolved, and he developed right leg pain. He has been evaluated by a number of physicians and undergone more than one Designated Doctor Evaluation. He suffers diminished range of motion of the

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lumbar spine. The straight leg raising test is positive at approximately 70 degrees. He has extensor hallucis longus weakness. An EMG/nerve conduction study suggested chronic L5/S1 radiculopathy. He has had an MRI scan, which revealed disc bulging at L4/L5 encroaching on the neural foramen causing contact with the exiting left L5 nerve root. He had a CT scan, which showed bulging at L4/L5 with extension degenerative changes at a number of disc levels. He underwent a discogram, which revealed concordant pain at L4/L5 and L5/S1. Unfortunately, the patient is a smoker. He has past a psychological evaluation in anticipation of spine surgery.

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

This patient has suffered a direct blow and straining injury to the lumbar spine. He has an underlying element of degenerative disc disease and radiculopathy. He has been treated extensively with epidural steroid injections and facet joint injections. He is persistently painful with positive physical findings including positive straight leg raising test and weakness over the extensor hallucis longus. He has an EMG/nerve conduction study which suggests chronic radiculopathy and a discogram with concordant pain at L4/L5 and L5/S1. The requested surgery is an extensive decompression from L4 through S1. The discectomies to be performed at L4/L5 and L5/S1 being more than one adjacent disc level would likely produce an instability, justifying a primary spine fusion.

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

- ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)

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