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Notice of Independent Review Decision

DATE OF REVIEW:
01/21/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Inpatient lumbar surgery 2 day stay (Examination under anesthesia, lumbar laminectomy/discectomy L4-5-S1; arthrodesis w/cages, posterior instrumentation at L4-5).

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Board Certified Orthopaedic Surgeon

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.
The requested procedure (inpatient lumbar surgery with two day stay; examination under anesthesia, lumbar laminectomy/discectomy L4-5-S1; arthrodesis with cages, posterior instrumentation at L4-5) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
- TDI/DIVISION OF WORKERS' COMPENSATION referral forms
- 01/08/10 MCMC Referral
- 01/08/10 Notice Of Assignment Of Independent Review Organization DWC
- 01/08/10 Notice To Utilization Review Agent Of Assignment,
- 01/08/10 Notice To MCMC, LLC Of Case Assignment, DWC
- 01/07/10 Confirmation Of Receipt Of A Request For A Review, DWC
- 01/07/10 Request For A Review By An Independent Review Organization
- 12/16/09 report from RN, SRS
- 12/10/09 Fax cover sheet with note from Dr. office
- 11/19/09 report from RN, SRS
- 11/16/09 Fax cover sheet with note from Dr. office, with attached list of Surgery codes
- 11/10/09 Office Visit note, M.D.
- 11/06/09 lumbar spine radiographs,
- 10/19/09 Benefit Dispute Agreement, DWC
- 08/31/09 Notice of Independent Review Decision, President, Independent Reviewers of Texas

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- 08/04/09 report from M.D.
- 07/14/09 Behavioral Health Assessment Presurgical Screening, M.A. and M.S.
- 06/01/09 electrodiagnostic report, M.D.
- 05/29/09 electrodiagnostic report, Inc.
- 04/28/09 New Patient Surgical Consultation, M.D.
- 04/27/09 MRI Scan Review (MRI lumbar spine), M.D.
- 04/08/09, 03/24/09 office notes, DC
- 04/02/09 MRI lumbar spine, Diagnostic
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female who was reported to have sustained a work-related injury on xx/xx/xx. The reported mechanism of injury was lifting heavy boxes (25 lbs.). She had worked for this employer less than nine months prior to injury. Initial treatment appeared to be rendered by D.C. He referred the patient to Dr. for pain management evaluation, Dr. for Orthopedic evaluation, and Dr. for medication management. The injured individual was taken off work, prescribed therapy, given a lumbar brace and EMS unit. The MRI performed on 04/02/2009 revealed minimal posterocentral disc protrusion at L4-L5, mild posterocentral disc protrusion measuring 3mm at L5-S1 and a mild lateral disc bulge at L3-L4. M.D. performed electrodiagnostic testing on 06/01/2009 which was interpreted as consistent with a right L5 radiculopathy and he could not rule out a right S1 radiculopathy. This interpretation was based on mild membrane instability. Lumbar x-rays done on 11/06/2009 revealed a 3mm retrolisthesis in extension with instability at L3-L4 with mild loss of disc height at L3-L4 and L5-S1. Health Assessment performed on 07/14/2009 noted the injured individual was not working. She exhibited pain behaviors, pain level of 10/10, and the injured individual's perception was of a crippling disability. The therapist felt that she exhibited findings that would be consistent with exaggeration of minor ailments. A poor prognosis for the requested surgical procedure was the final result of the evaluation. M.D. saw the injured individual for the first time on 04/28/2009 and his recommendation was that the injured individual, continue with conservative treatment or proceed with the requested procedure. His interpretation of the MRI was different than the formal radiology report. M.D. performed a Required Medical Exam (RME) on 08/04/2009. He reported 3/5 positive Waddell's signs, a normal sensory and motor examination, and normal reflexes with augmentation maneuvers. He felt that the pain generator(s) had not been adequately defined and that the injured individual had significant psychosocial issues which had not been addressed. His interpretation of the x-rays and MRI was consistent with multilevel degenerative disc disease. He felt that the injured individual was not a surgical candidate. The injured individual reportedly underwent a lumbar epidural steroid injection without any improvement, but that data is absent from the record.

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

The injured individual is a who was reported to have sustained a work-related injury as a result of a lifting incident. She worked for this employer less than nine months at time of injury. Initial care was rendered by D.C. The record is lacking documentation of an adequate trial of conservative management. The reported initial physical findings and mechanism of injury would have been consistent with an acute lumbar sprain/strain. The evidence-based Official Disability Guidelines would have expected a soft tissue injury of this magnitude to resolve in six to eight weeks with conservative

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management. Treatment rendered to date appears excessively passive and chiropractic driven instead of on functional restoration. The injured individual's off work status is not supported by the Official Disability Guidelines, Medical Disability Advisor or objective physical deficits**.** Both recognize the immense therapeutic benefit of return to work. Several providers have documented significant psychosocial issues which have not been addressed. Dr. interpretations of the imaging studies are different from other health care providers as noted in the available medical documentation. The pain generator(s) have not been clearly defined.

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

- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

- **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**