

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 12/31/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Removal of vertebral body, lumbar spine fusion, insert spine fixation device, SP bone Algrft morsel add on

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Office notes from xxxxxx, 10/10/07 thru 09/02/08
2. MRI of the lumbar spine dated 10/29/07
3. EMG test xxxxx, 11/07/07
4. Office notes, M.D., 12/06/07
5. Office notes D.O., 12/13/07, 01/10/08, 02/14/08, 03/10/08, 05/03/08, 05/31/08, 07/03/08
6. , 01/05/08
7. Office notes, M.D., 02/07/08
8. Multiple procedure reports, 03/25/08, 04/22/08, 08/13/08
9. Medical consultation and evaluation from xxxxx, 05/29/08, 05/30/08
10. Physical therapy notes, 06/23/08 thru 07/10/08
11. Office notes, M.D., 07/14/08 thru 11/17/09
12. Repeat MRI of the lumbar spine dated 07/28/08
13. xxxxxnotes, M.D., 08/07/08
14. Repeat MRI lumbar spine dated 09/10/08
15. Operative report for L1-L2 laminectomy and posterior spinal fusion L1-L2, 10/09/08
16. Repeat MRI of the lumbar spine dated 04/22/09
17. Prior reviews and determinations
18. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained a reported work related injury on xx/xx/xx after falling 13 inches from a ladder and landing onto his buttocks. He reportedly sustained injury to the L1-L2 lumbar disc and has had MRI imaging showing herniation of this disc.

The employee underwent an extensive period of conservative treatment care including what appears to be physical therapy and/or pain management therapy without significant relief in his symptomatology. He has had EMG testing that showed active lumbar radiculopathy.

Ultimately on 10/09/08, the employee had an L1-L2 discectomy with posterior lumbar spinal fusion. Postoperative radiographs showed stable positioning of the interbody cage at L1-L2 with evidence of good position of the spinal instrumentation and no postoperative complications from a radiographic standpoint.

The employee continued nicely after surgery and was able to return to work on light duty.

On subsequent follow-up on 04/29/09, the employee was noted to have significant increase in lower back pain from his previous postoperative state. Repeat imaging at the time showed a healing, but not quite solid L1-L2 fusion. The employee was returned to pain management and had repeat lumbar injections which provided a very limited amount of relief. MRI reports from the initial through the most recent have shown an L5-S1 disc bulge with possible contact of bilateral S1 nerve roots but no evidence of significant neurologic compression or other neurocompressive lesions. This disc has been stable throughout the course. There is no noted compromise of the nerve roots or clonus at the distal cord.

An office visit on 08/13/09 noted the employee having low back pain around the L5 region and down into his bilateral buttocks. Examination at that time showed ability to ambulate. There was tenderness to palpation at L5-S1. There was some difficulty heel walking. Reflexes were symmetric with low back pain on left straight leg raise and mid-low back pain with right straight leg raise. X-rays taken on that date showed interbody device and pedicle screws at L1-L2, mild disc loss height at L5-S1 with no evidence of spondylolisthesis or instability of the lumbar spine. No evidence of significant neurocompressive pathology as previously stated. Based on these current findings the plan from Dr. was to gain approval for lumbar surgery involving the L5-S1 level consisting of removal of the vertebral body, with lumbar spine fusion, insertion of spinal fixation device, and use of allograft morsels. This would be an ALIF type operation at L5-S1.

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

Based on thorough review of the continued medical documentation and objective medical data, the **Official Disability Guidelines** and a significant history and experience with the treatment of spinal related conditions and spinal disorders, indication for lumbar ALIF at L5-S1 cannot be established at this time. This employee

had good improvement after the L1-L2 lumbar fusion surgery and did return to work at light duty. Most recent imaging reveals a small posterior disc bulge at L5-S1 without evidence of neurocompressive pathology. There is no evidence of segmental instability or true instability on flexion/extension views.

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

1. **Official Disability Guidelines**, Low Back Chapter, Online Version
2. Resnick DK, Choudhri TF, Dailey AT, Groff MW, Khoo L, Matz PG, Mummaneni P, Watters WC 3rd, Wang J, Walters BC, Hadley MN; American Association of Neurological Surgeons/Congress of Neurological Surgeons. Guidelines for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 7: intractable low-back pain without stenosis or spondylolisthesis. *J Neurosurg Spine*. 2005 Jun;2(6):670-2.