



---

Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax:  
877-738-4395

## Notice of Independent Review Decision

**DATE OF REVIEW:** 06/11/10

**IRO CASE #:**

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

TLIF at L5-S1 with a two day length of stay

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

Board Certified in Orthopedic Surgery

**REVIEW OUTCOME**

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

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

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.

TLIF at L5-S1 with a two day length of stay - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

## **PATIENT CLINICAL HISTORY**

A lumbar discogram CT scan interpreted by Dr. on 08/08/06 showed a posterior annular fissure at L5-S1 with concordant back pain and a posterior central protrusion. On 06/24/08, Dr. provided refills of Neurontin, Ambien CR, Cymbalta, Norco, Norflex, and Xanax. On 09/04/08, Dr. performed a Toradol injection and prescribed Celebrex. X-rays of the lumbosacral spine on 12/17/08 showed degenerative disc disease throughout the lumbar spine, mild anterior wedging of L1, and degenerative joint disease of the facet joints, particularly at L5-S1. An MRI of the lumbosacral spine on 02/27/09 showed degenerative disc disease at multiple levels and a moderate broad based focal protrusion centrally at L5-S1. On 03/04/09, Dr. recommended a lumbar discogram and possible surgery. On 06/10/09, the patient was referred to a pain management specialist and Norco was increased. An EMG/NCV study interpreted by Dr. on 07/10/09 was unremarkable. X-rays of the lumbar spine on 01/20/10 showed a suggestion of a minimal old compression fracture involving the inferior endplate at L1, mild narrowing at L3-L4, and mild osteophytic lipping at L1-L2 and L3-L4. On 03/17/10, Dr. recommended a repeat MRI of the lumbar spine. On 04/07/10, Dr. recommended lumbar spine surgery. On 04/15/10, Dr. wrote a letter of non-certification for lumbar surgery. On 05/03/10, Dr. also wrote a letter of non-certification for lumbar surgery.

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

This patient stated he was struck on the back by a pipe several years prior. He has had low back pain since that time. This type of injury does not create lower back illness. The patient has a degenerative disc. The surgery is neither reasonable nor necessary, as the request is based upon a single level discogram performed in August 2006. Discography is notoriously unreliable in predicting the results of surgery. When a discogram is done technically well, that is multiple

levels with negative and positive controls, it is still less than 50% predictive in terms of its ability to determine that there would be a positive result from an invasive surgical procedure such as a TLIF. This particular discogram was not done in a professional fashion, in that only one level was performed, with no evidence of positive or negative control. Therefore, the results of this discogram are not predictive, even if discography were useful in this situation.

Furthermore, the surgery has been recommended for single level degenerative disc disease. The Official Disability Guidelines (ODG) does not endorse the use of surgery in this situation. The ODG would require instability, spondylolisthesis, or some objective disease such as fracture or tumor. The ODG does not endorse the use of spinal surgery for degenerative disc disease. The reason for that is that the results of such a procedure are poor. This patient, with a history of depression and anxiety, is not a good candidate whether he has been "cleared" psychologically by the provider's own psychologist is irrespective. Therefore, for the reasons noted above, the poor diagnostic procedures, the intervening psychological illness, and the lack of indications through the ODG the requested TLIF at L5-S1 with a two day length of stay is neither reasonable nor necessary and the previous adverse determinations should be upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE AND KNOWLEDGE BASE
- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES

**X 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**