



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 02/16/10

**IRO CASE NO.:**

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

Item in dispute: Three (3) level decompression/diskectomy (L3-S1) with a 360 fusion at the lumbar/sacral level with cages anteriorly and instrumentation posteriorly

**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. Disability Evaluating Center notes 09/08/08 and 09/30/08
2. MRI of the lumbar spine 04/09/08
3. Clinical notes from MD 06/10/09-06/24/09
4. Clinical notes from Dr. from 07/21/09
5. Stat Link electrodiagnostic test 11/09/09
6. Pre-surgical psychosocial screening on 01/06/10
7. Prior utilization review findings on 01/14/10, 01/22/10
8. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a male with a date of injury of xx/xx/xx. The employee was lifting a sink and experienced pain in his back.

An MRI on 04/09/08 demonstrated multilevel disc degeneration with a left paracentral disc protrusion at L5-S1 with mild encroachment on the left S1 nerve root.

In September of 2008, disability evaluators determined that the employee was at Maximum Medical Improvement (MMI) with a diagnosis of lumbago without radiculopathy.

In July, 2009, the employee saw M.D., who recommended three level decompression L3-S1 with fusion at L5-S1. Electrodiagnostic studies using Stat Link demonstrated bilateral plantar neuropathy and acute bilateral L4-S1 radiculopathy.

On 01/06/10, the employee underwent a psychosocial screen for the proposed lumbar surgery. Prior utilization reviews, which did not recommend the procedure as medically necessary, stated there was no objective evidence of instability and no significant neurologic examination abnormalities to support the procedure.

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

The employee is a male with degenerative findings on lumbar spine MRI two months after the date of injury.

This reviewer agrees with the prior denials as there is no evidence of acute changes. The employee was seen by recommended medical examination on 09/02/08 and was found to have low back pain without radiculopathy. There is no evidence of segmental instability in the records provided. The guidelines do not support the proposed procedure as there has clinically been a poor correlation between imaging studies and examination findings.

**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, On-Line Version.