



Amended May 4, 2010

REVIEWER'S REPORT

DATE OF REVIEW: 04/06/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Inpatient length of stay, one day, L1 through L3 laminectomy and fusion, TLSO brace

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spine problems

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. ZRC forms
2. TDI referral forms
3. Denial letters dated 02/22/10 and 03/11/10
4. Carrier records
5. Operative reports, 04/16/02 and 02/05/03
6. CT scan post myelogram, 04/28/06, 02/10/10, 10/05/04, and 01/15/03
7. Lumbar myelogram, 04/28/06, 02/10/10, 10/05/04, and 01/15/03
8. Clinical notes between 12/30/02 and 01/28/10, 38 entries
9. ODG 2010 Low Back Chapter, Fusion passage
10. Requestor records
11. Lumbar spine x-ray reports between 02/05/03 and 06/15/09
12. Operative report, 04/28/06 for lumbar myelogram
13. Epidural steroid injection report, 03/31/06
14. MRI scan of lumbar spine, 03/04/04

15. Operative report, removal of paralumbar spine fusion bone growth stimulator and battery
16. History and physical examinations, 01/09/04 and 02/05/03
17. Pain clinic prescription, 09/23/03
18. Discharge summary, 02/05/03 through 02/07/03
19. Operative report, 02/05/03
20. Somatosensory evoked potential monitoring report, 02/05/03
21. Operative report, 01/15/03, lumbar myelogram

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate male suffered a straining injury to the lumbar spine on approximately xx/xx/xx. He underwent a laminectomy, discectomy, and decompression on 04/16/02 at the L4/L5 level on the left side. Subsequently he continued to have low back pain and underwent a second surgical procedure on 02/05/03. The second procedure was an L3 through L5 decompressive laminectomy, and excision of recurrent herniated discs at level L3/L4 and L4/L5. A 360-degree lumbar fusion was performed consisting of anterior intervertebral body cages and posterior instrumentation. Unfortunately, he continued to suffer low back pain, extremity pain, and some weakness. He has been evaluated on a number of occasions and has developed what appears to be spinal stenosis at levels L1/L2 and L2/L3. He further has developed facet arthropathy. He continues to suffer low back pain. He apparently ambulates in a stooped fashion and has quadriceps weakness on the left side. His most recent CT myelogram was performed on 02/10/10, revealing stenosis at L1/L2 and L2/L3. A laminectomy decompression and fusion from L1 through L3 has been recommended. It has been considered and denied and reconsidered and denied.

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

It would appear that this patient suffers a failed back syndrome. He is being treated in a pain management program; however, his current medications are not accurately documented. There is no current full neurological evaluation of both lower extremities. EMG/nerve conduction study is not present, and there is no psychological evaluation as required. It would appear that the patient is suffering a spinal canal stenosis and would benefit from a laminectomy decompression once the criteria published in the 2010 ODG Low Back Chapter, Fusion passage, are met. Specifically, a full neurological evaluation should be documented, EMG/nerve conduction study should be performed, and a psychological evaluation should be provided.

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

(Check any of the following that were used in the course of your review.)

- _____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.)