

Notice of Independent Review Decision

## PEER REVIEWER FINAL REPORT

**DATE OF REVIEW:** 5/19/2010  
**IRO CASE #:** xxxxx

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

Anterior lumbar interbody fusion at L4-5 with anterior plate fixation

### QUALIFICATIONS OF THE REVIEWER:

Orthopaedics, Surgery Trauma

### REVIEW OUTCOME:

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

Anterior lumbar interbody fusion at L4-5 with anterior plate fixation Upheld

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Review organization by Author unknown, dated 4/26/2010
2. Letter by MD, dated 4/1/2010
3. Lumbar discogram and CT by MD, dated 3/2/2010
4. Pre authorization by Author unknown, dated 2/16/2010
5. Pre procedure psychological evaluation by dated 1/26/2010
6. Form by Author unknown, dated 1/5/2010
7. Follow up evaluation by MD, dated 12/30/2009
8. CT lumbar spine with myelogram by MD, dated 12/29/2009
9. RAD lumbar myelogram by MD, dated 12/29/2009
10. Form by Author unknown, dated 12/15/2009
11. History and physical by MD, dated 12/9/2009 and 3/3/2010
12. Fax page dated 11/19/2009
13. Follow up by dated 11/9/2009
14. Form by Author unknown, dated 10/10/2009
15. Fax page dated 9/10/2009
16. Report of medical evaluation by Author unknown, dated 9/9/2009
17. Report of medical evaluation by dated 9/9/2009
18. Fax page dated 9/3/2009
19. Fax page dated 8/24/2009
20. Fax page dated 8/20/2009
21. Procedure note by dated 8/10/2009 to 10/30/2009
22. Procedure charge sheet by Author unknown, dated 8/10/2009 and 10/30/2009
23. Procedure recovery room notes by Author unknown dated 8/10/2009 to 10/30/2009
24. Fax page dated 8/6/2009
25. Follow up by dated 7/20/2009 to 10/12/2009
26. Letter by dated 6/29/2009
27. Consultation by dated 5/26/2009
28. Work status report dated 5/18/2009 and 6/2/2009

29. Clinical note by Author unknown, dated 5/11/2009 and 5/28/2009
30. MRI lumbar spine without contrast by MD, dated 5/7/2009
31. MRI cervical spine without contrast by MD, dated 5/7/2009
32. MRI lumbar spine without contrast by MD, dated 5/7/2009
33. Letter by MD, dated 5/7/2009 to 3/17/2010
34. Form by Author unknown, dated 5/1/2009
35. Form by Author unknown, dated 5/1/2009
36. Medical waiver and consent by Author unknown, dated 4/28/2009
37. Initial evaluation by Author unknown, dated 4/27/2009
38. Control form by Author unknown, dated 4/22/2009
39. Work status report by Author unknown, dated 4/22/2009 to 4/15/2010
40. Form by Author unknown, dated 4/21/2009 to 4/15/2010
41. Clinical note by Author unknown, dated 4/20/2009 and 5/5/2009
42. Consultation by Author unknown, dated 4/20/2009
43. Soap note by Author unknown, dated 4/20/2009
44. Employers first report by Author unknown, dated 4/18/2009
45. Request for designated by Author unknown, dated unknown
46. Form by Author unknown, dated unknown,
47. Anesthesia tray supply list by Author unknown, dated unknown
48. Official Disability Guidelines (ODG)

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

After notifying his company, he waited 8 hours for a tow. He did not seek immediate medical care, but did seek care the following week for low back pain and left upper extremity numbness. He received a steroid injection that day and PT (physical therapy) was ordered. He was terminated from his job. He was treated with chiropractic care. His LUE (left upper extremity) numbness resolved, but then had complaints of LLE (left lower extremity) numbness. He has been treated with three lumbar epidural steroid injections. The injections provided relief for 2-3 weeks. He currently rates his pain at 3-4/10. He does not smoke, drinks alcohol regularly and takes Flexeril, Soma and Robaxin. DDE was completed in the fall of 2009 and he felt there were excessive conservative measures taken. The injured employee is not at DDE. Latest clinical exam with motor strength 5/5, sensation intact and DRT's symmetric.

Radiographic studies:

No report of plain radiographs.

May 2009 MRI with L4-5 annular tear, central disc herniation indenting thecal sac and impingement on nerve root sleeve.

12/29/09 Myelogram: Early degenerative changes L4-5; L5-S1; L4-5 moderate broad based central disc herniation lateralizing to the left.

3/2/10 Discogram: Concordant disc pain L4-5 and L5-S1. L5-S1 without pathology on MRI and CT Myelogram.

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

The request for Anterior Lumbar Interbody fusion at L4-5 is denied.

The claimant has a disc herniation with report of LLE (left lower extremity) radicular symptoms. However on clinical exam, the motor strength is 5/5 and sensation is reported normal. The clinical evaluation does not support a symptomatic disk herniation.

There are no radiographic studies to indicate spinal instability or significant degenerative changes to warrant a fusion. There is no evidence of spondylolisthesis. There are no dynamic radiographs. In fact, the CT myelogram mentioned only early degenerative changes. There are no EMG/NCV (electromyography/nerve conduction velocity) studies to support the diagnosis of a radiculopathy.

The claimant did not have a good response to ESI (epidural steroid injections) with only 2-3 weeks relief.

Chou et al (2009) concluded: Surgery for radiculopathy with herniated lumbar disc and symptomatic spinal stenosis is associated with short-term benefits compared to nonsurgical therapy, though benefits diminish with long-term follow-up in some trials. For non-radicular back pain with common degenerative changes, fusion is no more effective than intensive rehabilitation, but associated with small to moderate benefits compared to standard non-surgical therapy.

The denial of surgery of should be upheld as there is no clinical and radiographic evidence of indications and ODG criteria are not met.

I reviewed an additional 237 pages of medical records on this patient. My decision remains unchanged. He still does not meet ODG criteria, as described above.

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

Spine (Phila Pa 1976). 2009 May 1; 34(10):1094-109. Surgery for low back pain: a review of the evidence for an American Pain Society Clinical Practice Guideline. Chou R, Baisden J, Carragee EJ, Resnick DK, Shaffer WO, Loeser JD.

Am J Med Qual. 2009 Nov-Dec; 24(6 Suppl): 15S-24S.

An evidence-based approach to spine surgery.

Allen RT, Rihn JA, Glassman SD, Currier B, Albert TJ, Phillips FM.