

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Nov/20/2010

**IRO CASE #:**

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

Lumbar laminectomy and fusion with instrumentation L5-S1, postop TLSO back brace and a one night stay

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

MD, Board Certified Neurosurgeon

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines, Low Back  
The 10/6/10, 10/14/10  
M.D., F.A.C.S. 1/4/10-10/7/10  
Medical Center 12/1/09  
M.D. 11/24/09  
MRI LLC 4/23/08, 7/30/07  
M.D. 7/1/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male with a date of injury xx/xx/xx, when he was picking up heavy cables. He is status post right L5-S1 discectomy in July of 2009. He reports back pain and radiating right leg pain. His back pain is worse than his leg pain. He has been undergoing chiropractic care. His examination 01/04/2010 reveals a positive straight-leg raising on the right, absent right ankle reflex, and weakness of plantar flexion of the right foot and great toes on the right. An electrodiagnostic study of the lower extremities 11/24/2009 revealed no evidence of radiculopathy. An MRI of the lumbar spine, with and without contrast 12/01/2009, reveals a protrusion of a remnant disc resulting in mild bilateral neuroforaminal narrowing. The claimant does smoke. The provider is recommending an L5-S1 laminectomy and fusion with instrumentation, postoperative TLSO brace and a one-night stay.

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

The proposed L5-S1 laminectomy and fusion with instrumentation, postoperative TLSO brace and a one-night stay is not medically necessary. According to the ODG, "Low Back" chapter,

“for any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing”. Also, a “psychosocial screen with confounding issues addressed” should be performed prior to a lumbar fusion. There is not evidence that either smoking cessation or a psychosocial screen has been accomplished. The findings at L5-S1 do not appear severe, according to the radiology report. There is no significant disc space collapse, modic changes, or spondylololsthesis to warrant a fusion. Therefore, L5-S1 laminectomy and fusion with instrumentation is not medically necessary. As the L5-S1 laminectomy and fusion with instrumentation is not medically necessary, the TLSO back brace and one night stay are, also, not medically necessary.

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

ACOEM-AMERICA 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

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)