

SENT VIA EMAIL OR FAX ON  
Oct/18/2010

# Applied Resolutions LLC

An Independent Review Organization  
1124 N Fielder Rd, #179  
Arlington, TX 76012  
Phone: (512) 772-1863  
Fax: (512) 853-4329  
Email: manager@applied-resolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Oct/15/2010

**IRO CASE #:**

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

Lumbar Laminectomy with Fusion and Instrumentation @ L4/5 X 1 day LOS, TLSO Brace  
Lumbar

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

Board Certified Orthopedic Surgeon

**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**

OD Guidelines

Dr.: 05/03/10, 06/21/10, 07/15/10, 07/29/10, 10/04/10

MRI lumbar spine: 06/10/10, 06/14/10

CT/Lumbar myelogram: 07/13/10

Peer Reviews: Lumbar laminectomy with Fusion and 1 day length of stay: 07/22/10, 08/23/10

Referral form

Certification of Independence of Reviewer

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who sustained an injury to his low back on xx/xx/xx when he was struck in the back. The claimant complained of low back pain and was noted to have a ½ pack per day smoking habit. When the claimant first saw Dr. on 05/03/10, his examination revealed a slight left antalgic gait with tenderness over the left sciatic outlet. He had a

positive straight leg raise on the right at 60 degrees and on the left at 45 degrees. Dr. recommended an MRI of the claimant's lumbar spine. This was done on 06/10/10 and revealed no discrete evidence of focal disc protrusion and mild spinal canal stenosis at L3-4. A repeat MRI on 06/14/10 showed moderate canal stenosis at L2-3 and L3-4 and severe canal stenosis at L4-5 due to broad-based disc bulging. There was mild to moderate left foraminal narrowing at L2-3 and L3-4 and severe right foraminal stenosis noted at L4-5. When the claimant saw Dr. on 06/21/10 he continued to have complaints of severe lumbar pain with bilateral radiating hip and leg pain, mainly on the left with numbness, dysesthesias and weakness in the legs. On examination he walked with a flexed posture at the low back. His straight leg raising was positive at less than 45 degrees and he had depressed ankle reflexes. Dr. recommended a CT myelogram, which was done on 07/13/10. This showed mild to moderate anterior extradural defects at L3-4 and L4-5. The post myelogram CT revealed broad-based disc bulging at L4-5 causing moderate encroachment of the anterior aspect of the dural sac. Facet joint laxity was present and there was canal and bilateral foraminal stenosis noted at that level. Dr. saw the claimant on 07/15/10 and noted that the claimant continued to get worse with increasingly severe mechanical pain in his low back that was exacerbated by walking, standing and activities. He had bilateral leg radicular pain, particularly the L5 root with weakness of the left foot dorsiflexion and was dragging his left foot when he tried to ambulate. On examination the claimant's straight leg raise was positive at 45 degrees on the right and 30 degrees on the left. The claimant had significant decreased sensation in the left L5 dermatome. Dr. recommended a lumbar laminectomy with fusion and instrumentation at L4-5 and a TLSO brace lumbar brace postoperatively. This was denied by two peer reviews, as there had been no documentation that the claimant failed conservative treatment, and there were no physical therapy notes or a psychological evaluation.

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

There is no indication or rationale for a concomitant instrumented fusion, though this individual may require a decompression. There was no documented instability. Pain generators were not identified. There appears to be stenosis at L4-5. The level could be addressed with a simple decompression. There is no justification for fusion. Last office note reviewed was 07/15/10.

In addition, conservative treatment does not appear to be adequately expressed. Therefore the request as a whole including the lumbar laminectomy with fusion and instrumentation at L4-5 with a one-day length of stay cannot be recommended as medically necessary. As such, there would be no reason for the postoperative TLSO brace.

Official Disability Guidelines Treatment in Worker's Comp, 15<sup>th</sup> Edition, 2010 Update Low Back: Discectomy/laminectomy, Fusion

Milliman Care Guidelines® Inpatient and Surgical Care 14th Edition  
Goal length of stay is 3 days

**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)