

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: September 15, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

A two day length of stay of lumbar laminectomy, discectomy, arthrodesis with cages and posterior instrumentation at the L5-S1 level.

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

AMERICAN BOARD OF ORTHOPEDIC SURGERY

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

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- M.D., 12/15/09
- M.D., 02/04/10, 03/03/10, 03/25/10
- D.C., 03/25/10
- M.D, P.A., 04/19/10, 04/20/10, 08/17/10
- M.D., P.A., 06/24/10
- Spine and Rehab, 07/16/10
- , 08/26/10, 09/01/10
- Texas Department of Insurance, 09/09/10
- Request for a Review by an Independent Review Organization, 09/01/10

Medical records from the Provider include:

- Texas Department of Insurance, 09/09/10
- MD., 12/15/09
- M.D., 02/04/10, 03/03/10, 03/25/10
- D.C., 03/25/10
- M.D., 04/19/10, 04/20/10, 08/17/10
- M.D, P.A., 06/24/10
- Spine and Rehab, 07/16/10
- , 08/26/10, 09/01/10

PATIENT CLINICAL HISTORY:

This patient was injured on xx/xx/xx, while working. Reportedly, the patient was in and struck him in the low back. Since that time, the patient had low back pain, as well as bilateral lower extremity pain.

The various studies revealed varying degrees of pathology. The patient's MRI dated December 15, 2009, revealed what is described as an annular disc bulge at L3-4 without focal disc herniation or foraminal narrowing. There was a diffuse disc bulge without focal disc herniation or foraminal narrowing at L5-S1. There

was no fracture seen and no occult spina bifida. The sacral nerve roots revealed no interspinal mass or Tarlov cyst. There was no mention of desiccation. The posterior elements appeared to be intact.

The additional studies include a neurological evaluation revealing what appears to be mild irritation of the L5 and S1 roots. This is in a study performed on June 24, 2010. The commentary reveals mild acute irritability in the bilateral L5 and S1 nerve roots.

In the assessment by M.D., indicates a 6.5 mm of translational instability as being present. The patient has had to date two epidural steroid injections. Reportedly, the first was quite effective, but for a transient period of time, and the second was not effective. When this patient was presented with alternatives of surgery versus continued conservative care by Dr., the notes reflect that he chose to proceed surgically.

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

At this point in reviewing various studies, there does appear to be pathology at L3-4, as well as L5-S1, although the extent of pathology is questionable. It is questionable to me due to the fact that there is no evidence of desiccation and due to the fact that although there is bulging present at the L3-4 level, it does not appear to affect the L4 roots. Additionally, there is no mention of the degree of bulging, whether a 1 mm bulge, 2, 3, 4, or 5. Obviously, the severity of bulging would affect my thoughts in these regards. I also note there is a statement by Dr. that there is 6.5 mm of what appears to be translational instability at L5-S1. I question the anatomic rationale whereby this translational instability is present as, specifically, the posterior elements appear to be intact as does the disc appear to be intact, and I question how this degree of instability could be present. I, therefore, feel that if indeed there is a 6.5 mm of translational instability which can be verified on objective studies, such as a flexion/extension MRI or a flexion/extension myelogram, or even repeat flexion/extension x-rays, and verified by another orthopedic spine surgeon or a neurosurgical consultant. The instability criteria would be adequate criteria to allow a fusion to be performed at L5-S1. If repeat studies and/or additional opinions from qualified practitioners do not verify the significant translational instability, the fusion should not be allowed simply on the criteria that I have noted in the chart. This criteria being the patient's subjective pain, the mild objective pathology on the EMG, as well as the questionable amount of bulges seen on the MRI scans. With these being the only criteria, based on those objective criteria and the patient's subjective commentary, I would agree that surgery should not be allowed. Surgery should be allowed only if the 6.5 mm or thereabouts translational instability can be verified by an independent evaluator with definitive objective studies.

If I can be of any further assistance in helping clarify this matter, please do not hesitate to contact me.

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
- 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)