

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

**DATE OF REVIEW:** September 21, 2010

**IRO CASE #:**

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

Three days, inpatient lumbar decompressions and laminectomy/discectomy, fusion.

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

AMERICAN BOARD OF NEUROLOGICAL 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
- Employers First Report of Injury or Illness, xx/xx/xx
- Dr. 02/18/10, 02/24/10, 03/10/10
- Health System, 03/05/10
- Surgery Center, 06/24/10
- M.D., 05/11/10, 07/27/10
- Fund, 06/14/10, 08/11/10, 08/16/10, 08/31/10, 09/08/10, 09/16/10
- M.D., 07/13/10
- Utilization Review Referral, 08/09/10
- , 08/25/10
- 08/26/10
- Ms., 09/13/10

Medical records from the Provider include:

- M.D., Ph.D., 09/16/10
- Health System, 03/05/10
- M.D., 05/11/10, 07/27/10
- Surgery Center, 06/24/10
- M.D., 07/13/10
- , 08/25/10
- Neurology 08/26/10

### **PATIENT CLINICAL HISTORY:**

The patient is a male who alleges an on-the-job injury on xx/xx/xx.

According to the records, the patient was seen by M.D., on February 18, 2010. The patient complained of back pain since an incident on xx/xx/xx. The patient reportedly had a week long period where he was bent down on the ground and he developed back pain after that week. The patient also noted an old injury from 2005. The patient's past medical history was significant for lumbar x-rays performed in 2007. On examination, the patient had normal sensation and deep tendon reflexes. The patient was diagnosed with a lumbar strain.

The patient saw the same physician again on February 24, 2010. Again, the patient was diagnosed with a lumbar strain. The patient was treated with a non-steroidal anti-inflammatory drug and a muscle relaxant.

An MRI performed on March 5, 2010, revealed a central disc extrusion at L4-5 with inferior migration. There was mild compression of the sac and the L5 nerve roots bilaterally.

On March 10, 2010, Dr. noted complaints of numbness that the patient had after a motorcycle accident prior to xx/xx/xx.

The patient underwent bilateral epidural steroid injections at the L5 area on April 30, 2010.

M.D., saw the patient on May 11, 2010. The patient had complaints of low back pain radiating to the left lower extremity and foot along with occasional right leg pain. On examination, the patient had full strength. The patient was noted to have a fused right ankle and foot due to his prior motorcycle accident.

The patient underwent another epidural steroid injection on June 24, 2010.

The patient saw M.D., on July 13, 2010. The patient had complaints of low back pain and bilateral lower extremity pain.

The patient saw Dr. again on July 27, 2010. At that time, the patient had complaints of low back pain radiating to the left hip. The patient had normal sensation and reflexes.

Lumbar x-rays, including flexion and extension, performed on August 25, 2010, revealed degenerative changes but no abnormal movement.

The patient was seen by M.D., on August 26, 2010. The patient had low back pain with radiation down the posterior thighs and lateral legs to the feet, left greater than right. The patient was noted to have atrophy of his right lower extremity and a fused ankle. The neurophysical studies revealed chronic right peroneal, tibial, and sural neuropathies; otherwise, the EMG/nerve conduction studies were normal.

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

As to the medical indication for the lumbar decompression and fusion from L3 through L5, this procedure is not indicated. Based on the ODG, there must be correlation of the patient's history, examination, and MRI findings in order to be a surgical candidate. The patient's history, examination, and MRI must correlate and must depict a clinical picture consistent with either a radiculopathy or a cauda equina syndrome. That is not the case here. The patient does not have any consistent history of a radiculopathy. At times, the patient has low back pain; at times, he has bilateral leg pain; and at times, he is noted to have low back pain and left hip pain. The patient's complaints vary, and there is not a consistent history of radicular pain (i.e. pain in particular nerve root distribution which is constant). In addition, the patient has no findings on examination consistent with an active radiculopathy. The patient does have chronic changes in his right leg related to a motorcycle accident, however, no new abnormal findings consistent with a radiculopathy. Furthermore, the patient's MRI reveals mild compression on the L5 roots; however, there is not clear cut nerve compression, and again, no correlation with the patient's history and examination. In addition, there is no history consistent with a cauda equina syndrome. Also, a fusion would not be indicated because there is no documented evidence of instability. Therefore, the surgery is not indicated.

**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)**