

# C-IRO Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sep/17/2010

IRO CASE #:

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

Laminectomy, discectomy, arthrodesis with cages, posterior instrumentation at L4-5 using 22612, 22899, 63030, 63035, 22325, 69990, 20938, 22851, 22558, 22840

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., 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

ODG

Office notes of Dr., 03/05/10, 03/12/10, 03/22/10

Office note of Dr. 03/22/10

Office note of Dr. 03/31/10

Office note of Dr., 06/22/10

07/21/10 psychological evaluation

, 8/23/10, 8/19/10, 8/16/10

08/13/10, 08/16/10 peer reviews

Fax, appeal from Dr.'s office, undated

### PATIENT CLINICAL HISTORY SUMMARY

This is a male with complaints of low back pain and bilateral extremity pain. The MRI of the lumbar spine, dated 03/02/10, revealed a mild annular bulge at L1-2, L2-3 and a large posterior L4-5 disc protrusion moderately compressing the anterior thecal sac with a probable separate free disc fragment of the right extending inferiorly below the disc space. The disc space was much larger than previously and the free fragment was new compared to 01/15/09. Compression of the right L5 nerve root by the free disc fragment was suspected. There was mild bilateral L4-5 facet hypertrophy present and a small 5 millimeter synovial cyst of the left L4-5 facet joint. Dr. evaluated the claimant on 06/22/10. The examination revealed a positive extensor lag, sciatic notch tenderness bilaterally, worse on the right, flip test bilateral, Lasègue's bilateral at 45 degrees, bragard. The ankle jerk on the right was decreased. Posterior tibial tendons jerks were absent bilaterally. There were paresthesias in the L5 and S1 nerve root distribution on the right and weakness of the gastroc soleus and extensor hallucis longus on the right. Dr. stated that x-rays of the lumbar spine including flexion and extension showed an L5-S1 transitional vertebra with sacralization and no motion on flexion and extension views with the first mobile segment at L4-5. Dr. stated the imaging revealed an extension angle measuring 16 degrees with facet subluxation and foraminal stenosis. Dr. noted that the MRI showed a L4-5 non contained disc herniation rated at stage III with annular herniation, nuclear extrusion, spinal stenosis, and mild T2 weighted image changes. The diagnoses were lumbar herniated nucleus pulposus with clinical instability at L4-5 with transitional vertebra. The 07/21/10 psychological evaluation deemed the claimant a

fair to good risk for surgery. The claimant has been treated with physical therapy, NSAIDS, Prednisone, Darvocet, Flexeril and off work.

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

There is no evidence of instability documented within the medical records available for review. There is documentation of a herniated nucleus pulposus and neurologic dysfunction, but no instability per se in this male. Therefore, the surgical request as stated is not indicated and appropriate according to the ODG Treatment Guidelines. The reviewer finds that medical necessity does not exist for Laminectomy, discectomy, arthrodesis with cages, posterior instrumentation at L4-5 using 22612, 22899, 63030, 63035, 22325, 69990, 20938, 22851, 22558, 22840.

Official Disability Guidelines Treatment in Workers' Comp 2010 updates, chapter low back, lumbar fusion

Lumbar fusion- Pre-Operative Surgical Indications Recommended: Pre-operative clinical surgical indications for spinal fusion should include all of the following: (1) All pain generators are identified and treated; & (2) All physical medicine and manual therapy interventions are completed; & (3) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or discography (see discography criteria) & MRI demonstrating disc pathology; & (4) Spine pathology limited to two levels; & (5) Psychosocial screen with confounding issues addressed. (6) 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. (Colorado, 2001) (BlueCross BlueShield, 2002)

**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)