



**Notice of Independent Review Decision
IRO REVIEWER REPORT – WC (Non-Network)**

DATE OF REVIEW: 03/28/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Spinal Fusion at L4-L5 with Inclusion of the L5-S1 level Interbody and Length of Stay for Two Days

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

Board Certified in Orthopaedic Surgery

Certified in Evaluation of Disability and Impairment Rating -
American Academy of Disability Evaluating Physicians

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Lumbar Spinal Fusion at L4-L5 with inclusion of the L5-S1 level interbody – UPHELD
L0636, E0748 DME included in Surgery – UPHELD
Length of Stay for Two Days – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Radiology Report, D.O., 09/01/04
- Lumbar Spine MRI, M.D., 09/08/04
- History, M.D., 11/24/04
- Surgical Pathology, M.D., 12/08/04
- Correspondence, 12/15/04
- Evaluation, M.D., 07/12/07, 03/12/09, 05/14/09, 07/16/09, 10/08/09, 11/06/10, 12/09/10, 12/23/10, 01/13/11
- Initial Evaluation, M.P.T., 10/02/07
- Discharge Summary, M.P.T., 11/05/07
- Upper Extremity MRI, M.D., 04/30/09
- Lumbar Spine MRI, M.D., 04/30/09
- Psychological Evaluation and Testing, L.M.F.T., 09/02/09
- Operative Report, M.D., 02/26/10, 03/30/10, 05/07/10
- Lumbar Myelogram, 06/03/10

- Lumbar Spine CT, 06/03/10
- Cervical Spine MRI, M.D., 06/30/10
- Correspondence, M.D., 09/28/10
- Independent Medical Evaluation (IME), M.D., 10/14/10
- Electrodiagnostic Studies, M.D., 12/23/10
- Procedure Note, M.D., 12/28/10
- Operative Report, Dr. 12/29/10
- Lumbar Spine CT, Dr., 12/29/10
- Radiology Report, , M.D., 12/29/10
- DWC Form 73, Dr., 01/13/11
- Surgery Pre-Authorization, Dr., 01/13/11
- Case Summary Report, 01/21/11, 02/03/11
- Review Summary, 01/21/11, 02/03/11
- Denial Letter, 01/21/11, 02/03/11
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant sustained a lifting injury. His initial MRI demonstrated mild degenerative changes only, with midline bulging disc primarily at L4-L5 and a small midline bulge of the annulus at L5-S1. A repeat MRI was performed 11/23/04 with a large herniated disc that had ruptured from the L4-L5 space and had gone below the interspace disc. He underwent a L4-L5 left discectomy on 12/08/04 by Dr., with relief of radicular pain. On 07/12/07, x-rays were normal, and mild degenerative changes were noted on 03/12/09. A repeat MRI performed on 04/30/09 demonstrated moderate-to-severe narrowing with desiccation, along with circumferential bulging and a hemilaminectomy at L4-L5. Facet injections were performed followed by nerve radiofrequency ablation. A CT myelogram accomplished on 06/03/10 added no clinical information. On 12/23/10, he complained of ongoing back pain with pain traveling down the left lower extremity. An EMG obtained on 12/23/10 demonstrated L5-S1 radiculopathy. A repeat CT myelogram performed on 12/29/10 by Dr. revealed L4-L5: Marked disc space narrowing present right of midline. A left laminotomy defect was present. There was a 13 degrees convex, left scoliotic angle at that level. A 4 mm partially spondylotic broad based posterior protrusion with slight left posterior accentuation moderately indented the sac. There was no central canal stenosis. Mild left lateral recess stenosis was present. Moderate right and mild left foraminal narrowing was present, with effacement. There was an emanating right L4 nerve root sleeve dorsal root ganglion. The L5 nerve root sleeves filled normally. At L5-S1, there was 2 mm retrolisthesis of L5 upon S1. A 3 or 4 mm broad based posterior protrusion abutted the sac and S1 nerve root sleeves. The spinal canal was not stenotic. There was mild left lateral recess stenosis but no central canal stenosis. Moderate right and mild to moderate left foraminal narrowing was present with effacement of the right L5 nerve root sleeve far laterally. The S1 nerve root sleeves were not effaced and filled normally.

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

Dr. has recommended a two level decompression and fusion. This is not medically necessary or reasonable. There is no documentation that the claimant is doing his physical therapy exercises at home, or what the response to prior treatment entailed. There is no instability, no spondylolisthesis, tumor or infection. The laterality of pain does not correspond to the findings on the imaging studies. The claimant's subjective pain is out of proportion to the physical or objective findings. There is no objective evidence that surgery is required.

Lumbar Spinal Fusion at L4-L5 with inclusion of the L5-S1 level interbody, DME included in Surgery and Length of Stay for Two Days is not medically reasonable or necessary.

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)
- AMA GUIDES 5TH EDITION