

The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-9504-443

Notice of Independent Review Decision

DATE OF REVIEW: 04/01/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

In patient L3 through S1 anterior/posterior spinal fusion with instrumentation with a two (2) day length of stay.

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

The physician performing this review is Board Certified, American Board of Orthopedic Surgery. He has been in practice since 1982 and is licensed in Texas, Oklahoma, Tennessee and California.

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.

Upon review, the previous adverse determinations should be overturned, as with the new information provided by Dr. about the identification of the levels and his indications for surgery are more from the internal disk disruption, i.e., spinal unit failure, I do feel this is an appropriate procedure, as it is only two levels and it is being done for an *ODG* indication, that being mechanical back pain with spinal unit failure.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

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PATIENT CLINICAL HISTORY [SUMMARY]:

The male was injured xx/xx/xx when he grabbed a handrail when he slipped and subsequently complained of back pain. Per prior peer reviews and Dr. notes, the patient has had extensive conservative treatment for the back, including an epidural steroid injection, which provided excellent relief for two days.

The first MRI, 04/04/09, was notable for 3-mm disk bulge with ligamentous thickening, moderate facet hypertrophic changes at L4-5 and L5-S1 with moderate compromise in neural foramina as well as left and right lateral recess, which could result in bilateral L4, L5, as well as S1 radicular symptoms. There was mild to moderate neural foraminal encroachment left greater than right at L3-4, which resulted in minimal lateralizing of disk material and could possibly result in L3 radicular symptoms.

Dr. on his initial evaluation 02/16/10 noted the patient stating his pain improved significantly when he sits or reclines, but the symptoms worsened the more he is active and the back pain typically is greater than the left leg, but both rated approximately 8/10. The patient could walk less than a quarter mile before having to stop due to pain, sit for less than 30 minutes before having to change position.

Physical therapy did not provide improvement, and right L4 selective nerve root block gave one to two weeks of relief.

Some urinary retention was described by the patient.

The patient has seen Dr., who recommended an L4 to S1 decompression.

On physical examination, Dr. noted an extremely antalgic gait consistent with low back pain. The forward flexion was approximately 25 degrees, limited by exquisite low back pain, extension 5 degrees, also limited by exquisite low back pain. The patient had localized tenderness in the midline at the level of the waist and base of the spine. There was slight tenderness approximately one and one-half inches above the waistline as well but significantly less severe. Straight leg raising was negative bilaterally. Extension of the right hip did not elicit pain. Strength was 5/5 in all muscle groups. Reflexes were 1+ and symmetrical, and sensation was slightly diminished in the right L3 dermatome.

On his evaluation of x-rays, he noted slight asymmetry, disk space T12-L, spondylotic changes at L4-5 and L5-S1. Lateral view noted decreased disk height L4-5/L5-S1 with L5 more significant. Spondylotic changes at the facets L3-4, L4-5, and L5-S1, and a slight rotatory instability above L5 level was noted, as there is a 3.5 retrolisthesis at L3-4 and a 1.5 at L4-5. Flexion/extension revealed some motion, particularly with respect to correction of the rotatory abnormalities so that on flexion the vertebral bodies appear to be perfectly

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aligned with a 3.5-mm change at L3-4 and an approximately 3- to 4-mm change at L4-5.

His review of the MRI noted again L4-5/L5-S1 increased desiccation and collapse, and L3-4 had increased desiccation but some preservation of hydration of the nucleus. Facet spondylotic changes at L3-4, L4-5, and L5-S1 were noted with moderate to severe spinal stenosis and severe foraminal narrowing at L5-S1 and slightly worse, similar findings at L4-5 with L3-4 having mild to moderate foraminal stenosis that appears to be worse on the left side than the right side. It was felt the patient's back pain was related to internal disk disruption at L4-5/L5-S1. The anterior thigh pain correlated with the right L3 nerve root being irritated and the facet disease being corroborating evidence at L4-5 and L5-S1.

Discography was requested and subsequently was not certified.

The patient's psychological evaluation 07/09/10 noted depressive symptomatology. In summary, the patient possessed many favorable characteristics as a medical intervention candidate and did not present evidence of a psychological disorder.

The 09/28/10 follow-up with Dr. noted again denial of the discography, and again Dr. indicated failure of a long period of nonoperative care with rest, physical therapy, medication, and injections, all not being of significant benefit. His wish to identify pain generators with the discography was noted. The 02/22/11 report by Dr. indicated the patient's initial x-rays were labeled L4-5/L5-S1, and it was subsequently noted that there was sacralization of the L5 vertebral body. Therefore, the corrected nomenclature should be L3-4 and L4-5 with rotatory instability above the level of L5 resulting in retrolisthesis at L2-3 and L3-4. He measured the films again today, and more accurately, there is a 5- to 6-mm rotation or retrolisthesis, and flexion/extension did show some motion. However, mostly this corrects the rotatory abnormalities.

After review, he noted the primary diagnosis is not spondylolisthesis but internal disk disruption and herniated nucleus pulposus. He indicated the surgical procedure being recommended was the two-level anterior/posterior surgery at the bottom two segments, appropriately named L3-4 and L4-5.

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

Upon review, the previous adverse determinations should be overturned, as with the new information provided by Dr. about the identification of the levels and his indications for surgery are more from the internal disk disruption, i.e., spinal unit failure, I do feel this is an appropriate procedure, as it is only two levels and it is being done for an ODG indication, that being mechanical back pain with spinal

unit failure.

Dr. letter of explanation 02/22/11 describes the anatomy noted radiographically to now indicate the L5-S1 level as being a sacralized level, and his intentions to address the two pathological levels above, which are appropriately described as L3-4 and L4-5 now. The patient's MRI findings do describe disk changes compatible with internal disk disruption, and the facet changes correlate with that disease process. Therefore, I do feel the patient's diagnosis of mechanical back pain and spinal unit failure are documented on imaging studies, and the patient's clinical history classically fits the mechanical back pain patient with the inability to walk for any distance, sit for any time frame without having to change position, and back pain being worse than leg pain on description.

Therefore, I do feel the patient meets ODG criteria that states a primary mechanical back pain, pain aggravated by physical activity, functional spinal unit failure, and/or instability. This includes one- or two-level segmental failure with progressive degenerative changes, loss of height, disk-loading capability, which the MRI findings classically note, and this is only a two-level fusion request.

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

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- 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)