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Notice of Independent Review Decision

DATE OF REVIEW: December 29, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Laminectomy at L4-5 and S1 levels with decompression of the nerve roots and spinal cord, lateral transverse process fusion with Nufix bone dowel.

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 include:

- Medical Center, 02/08/10, 02/15/10, 02/16/10, 02/24/10, 03/10/10, 04/09/10, 05/11/10, 06/11/10, 07/12/10
- Imaging, 02/22/10
- M.D, 03/08/10

- D.O., 05/03/10, 05/10/10
- M.D., 08/19/10, 10/25/10, 11/11/10
- DWC-69, Report of Medical Evaluation, 08/27/10
- M.D, 08/26/10, 08/27/10, 09/10/10, 10/14/10
- Texas Workers' Compensation Work Status Report, 08/27/10
- Physical Performance, 08/27/10
- M.D., 09/13/10
- 10/28/10, 11/19/10
- Request for a Review by an Independent Review Organization, 12/21/10
- Texas Department of Insurance, 12/22/10

Medical records from the Provider include:

- Imaging, 02/22/10
- M.D., 08/19/10, 09/01/10, 09/10/10, 10/14/10

PATIENT CLINICAL HISTORY:

As you know, this is a male who reports an injury to his low back on xx/xx/xx.

Based on the records, the patient was evaluated on xx/xx/xx. According to the notes, the patient was lifting an auger and developed severe low back pain. On examination, the patient had 4/5 strength in his lower extremities bilaterally and normal reflexes. The patient was started on narcotics and muscle relaxants.

The patient was seen in follow up on February 15, 2010, with right greater than left low back pain and radiation of the pain to the right anterior thigh, along with numbness.

The patient underwent an MRI on February 22, 2010, which revealed an L2-3 bulge without canal stenosis and minimal left foraminal narrowing, an L3-4 disc bulge with mild canal stenosis and minimal left foraminal narrowing, an L4-5 disc bulge with moderate spinal stenosis, and an L5-S1 bulge without significant stenosis and mild effacement of the S1 roots bilaterally.

The patient was seen on February 24, 2010, with complaints of low back pain and right thigh pain.

The patient was then seen by M.D. The patient had complaints of low back pain. On examination, the patient had normal muscle strength, normal sensation and reflexes, and was able to heel and toe walk without difficulty. Physical therapy and medications were recommended.

On March 10, 2010, the patient had back pain which radiated to the right knee. The patient had normal muscle strength and reflexes.

D.O., saw the patient on May 3, 2010. The patient had complaints of low back pain with radiation to the right lower extremity, with associated numbness. On examination, the patient had normal sensation and a positive straight leg raise on the right.

An epidural steroid injection was performed at the L5-S1 level on May 10, 2010. The following day, the patient noted that the injection had provided no benefit.

M.D., saw the patient on August 19, 2010, with complaints of low back pain and numbness in the right lower extremity. According to Dr. "most of his pain is back pain." Dr. also noted that the pain went down the right leg if the patient was standing or active.

M.D., performed a designated doctor evaluation in August of 2010. The physician noted complaints of constant low back pain, predominately on the right. Dr. stated that the pain would radiate to the proximal right buttock and that the patient had intermittent numbness from the right groin to the knee. On examination, the patient had normal sensation, normal muscle strength, and was diagnosed with a lumbar strain.

The patient underwent a functional capacity evaluation on August 27, 2010.

The patient underwent a myelogram and CT scan on September 1, 2010. This study revealed mild canal stenosis at L3-4, moderate canal stenosis and mild left foraminal narrowing at L4-5, an osteophyte at L5-S1 with mild left S1 root displacement, and moderate foraminal narrowing bilaterally, slightly worse on the right.

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

The proposed L4-5 and L5-S1 decompression and fusion is not indicated. Based on the ODG, the patient's history, examination, and radiographic findings must be correlated, and there must be an indication for surgery. This patient has primarily low back pain. There is not a consistent, clear, and thorough documented history of a radiculopathy. At times, it mentions that the patient has right thigh pain; however, this is not well documented. At times, the patient is noted to have only back pain and, at times, right thigh numbness. It is consistently documented that the patient has back pain, and back pain is not an indication for surgery in this setting.

Based on the ODG, a lumbar fusion may be recommended if the patient has a spinal fracture, dislocation, spondylolisthesis, or frank neurogenic compromise. This patient does not have any of these conditions. There is no clinical history of a radiculopathy. There is no clinical history of neurogenic claudication, i.e., he does not have a clear cut history of leg pain which is constant and in a particular

nerve root distribution. The patient also does not have a history of neurogenic claudication, i.e., pain with ambulation. Therefore, the surgery to decompress is not indicated.

Based on the ODG, there is insufficient evidence to recommend a fusion for chronic back pain and the absence of symptomatic stenosis or spondylolisthesis. This patient does not have symptomatic stenosis or spondylolisthesis. The patient does have degenerative changes which are consistent with his age. However, again, the patient does not have evidence of radiculopathy or neurogenic claudication, and does not have evidence of a spondylolisthesis, fracture, or dislocation. 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)**