

SENT VIA EMAIL OR FAX ON
Dec/23/2010

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/23/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ALIF L5/S1; 1 day LOS

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

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

OD Guidelines

08/12/09 lumbar spine x-ray report

08/25/09, 09/08/10 MRI lumbar spine reports

10/20/09 electromyography report

Office notes of Dr. 01/12/10 through 09/07/10

04/14/10 psychologist report

04/27/10 IME report

Office notes of Dr. 03/17/10 through 11/17/10

11/24/10, 12/06/10 peer reviews

PATIENT CLINICAL HISTORY SUMMARY

This is a female who was status post L5-S1 laminectomy in 2000 for left sided complaints. The claimant now has low back pain and right lower extremity pain with foot drop. The 10/29/09 electromyography showed right S1 radiculopathy. The psychological evaluation on 04/10/10 cleared the claimant for surgery. It was noted that if the claimant's depressed affect

increased after surgery then the claimant was to return. The MRI of the lumbar spine from 09/08/10 showed unchanged dehydration or dessication of the L5-S1 intervertebral disc. Unchanged subligamentous L5-S1 herniated nucleus pulposus, which replaces fat in the epidural space but does not appear to compromise the anterior thecal sac or either proximal S1 nerve rootlet was reported. There was borderline degenerative stenosis of the L5-S1 neural foramina, which could affect either L5 nerve root. On 09/05/10, Dr. stated that the x-rays showed retrolisthesis of 3-4 millimeter. Dr. has recommended an anterior lumbar interbody fusion at L5-S1 and one-day length of stay.

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

The proposed anterior lumbar interbody fusion L5-S1 with a one-day length of stay would not be considered medically necessary or appropriate a careful review of all medical records provided in this case.

If one looks towards the Official Disability Guidelines indications for lumbar spine fusion, all pain generators should be identified and treated. All physical medicine and manual therapy intervention should be completed. X-rays should demonstrate spinal instability. An MRI should demonstrate disc pathology. Spine pathology should be limited to two levels. A psychosocial screen with confounding issues addressed should be performed, and for any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery.

The guidelines specifically state there is lack of support for fusion for mechanical low back pain and that after failure of two discectomies on the same disc, fusion may be an option at the time of the third discectomy. In this case, the concern is primarily over what appears to be a recurrent L5-S1 herniated nucleus pulposus in the setting of L5-S1 degenerative disc disease. There is no significant instability present by flexion/extension radiographs with only 2 to 3 millimeters of motion. Therefore, based upon the Official Disability Guidelines, anterior lumbar interbody fusion L5-S1 with a one day length of stay would not be considered medically necessary or appropriate in this case. This claimant may be a candidate for other treatment.

Official Disability Guidelines Treatment in Workers' Comp 2010 updates, chapter low back, 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](#))

Milliman Care Guidelines, Inpatient Surgery, 14th Edition

A 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)