**SENT VIA EMAIL OR FAX ON**
**Mar/12/2011**


# Applied Assessments LLC

**An Independent Review Organization**
**1124 N Fielder Rd, #179**
**Arlington, TX 76012**
**Phone: (512) 772-1863**
**Fax: (512) 857-1245**
**Email: manager@applied-assessments.com**


## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**
Mar/08/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**
Examination under anesthesia L3/4, L5/S1 lumbar laminectomy, disectomy, arthrosdesis with cages, posterior instumentation with 2-day inpatient and implantation of bone growth stimulator

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**
Board Certified Orthopedic Surgeon, Practicing Neurosurgeon

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[ X ] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**
OD Guidelines
1. Clinical records Dr.
2. Designated doctor evaluation 04/23/10
3. Physical performance evaluation dated 04/23/10
4. Utilization review determinations
5. Clinical records Dr.
6. MRI lumbar spine dated 03/12/10
7. Procedure report lumbar epidural steroid injection dated 05/04/10
8. Clinical records Dr.
9. EMG/NCV study of lower extremities dated 09/30/10
10. Clinical records Dr.
11. Psychological evaluation dated 10/08/10
12. Clinical records Dr.
13. Procedure report lumbar discography dated 01/13/11
14. MRI lumbar spine dated 01/15/11

15. Utilization review determination dated 02/08/11
16. Utilization review determination 02/17/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who is reported to have sustained a work related injury on XX/XX/XX. On the date of injury the claimant was reported to have fallen while carrying an object weighing about 75 lbs. She landed in split leg position with her left leg behind her. She is reported to have developed low back pain as result.

The record contains an MRI of lumbar spine dated 03/12/10, which was compared against previous study dated 01/15/10. This study notes a stable mild posterior disc bulge at L1-2, mild posterior disc bulge at L2-3. There is mild facet hypertrophy at this level. At L3-4 there is mild posterior disc bulge without evidence of protrusion or significant canal stenosis. There is mild bilateral facet hypertrophy. At L4-5 there is posterior disc bulge osteophyte complex flattening the ventral aspect of thecal sac. The canal is minimally narrowed and unchanged from prior study. No protrusion is evident. The neural foramina are patent. The L5-S1 level is unremarkable. Records indicate on 05/04/10 the claimant underwent a transforaminal epidural steroid injection performed by Dr.. When seen in follow-up she is noted to have received accumulative 30% benefit. Records indicate the claimant was referred for lower extremity EMG/NCV on 09/30/10. She is reported to have both pain and paresthesias primarily on left side. It is reported her left leg gave out in July. Her right foot was caught underneath couch, which resulted in multiple metatarsal fractures and surgery on right foot. It is reported there is indication of bilateral L4, L5 and S1 motor radiculopathy which spares the L2 and L3 roots with greatest irritability being seen on left at L4, L5 and S1 with lesser findings on right.

On 09/13/10 the claimant was seen in follow-up by Dr.. He notes the claimant is status post right foot fracture surgery two weeks prior. It is reported the claimant has failed conservative treatment over past 10 months, which includes home exercise program, medications, and epidural steroid injections. Radiographs were discussed. Physical examination is deferred because of casting. Examination of back and lower extremity reveals decreased ankle jerk on left, paresthesias in L5 and S1 nerve root distribution on left, mild weakness of gastrocsoleus and extensor hallucis longus on left, positive flip test on left, positive Lasegue's on the left, positive Braggard's and positive spring test. The claimant was recommended to undergo provocative discography at L3-4, L4-5 and L5-S1.

On 10/08/10 the claimant was referred for presurgical psychological evaluation. The claimant reports she has constant pain in her back radiating through her buttocks to the back of her left leg to her foot and on outer side of right thigh and calf. It is reported the claimant has a moderate perception of disability, severe depression, and moderate anxiety. There were no contraindications to the claimant being a surgical candidate.

On 12/02/10 the claimant was evaluated by Dr. in anticipation of lumbar discography.

On 01/13/11 the claimant underwent provocative discography at L2-3, L3-4, and L4-5 with attempt at L5-S1. L2-3 is reported to be normal. At L3-4 and L4-5 the claimant is reported to have concordant pain. The L5-S1 disc level could not be accessed.

On 01/15/11 the claimant underwent repeat MRI of lumbar spine. This study reports mild multilevel spondylosis with mild to moderate multilevel facet arthrosis.

On 02/01/11 the claimant was seen in follow-up by Dr.. She is noted to be status post discography. She is opined to have internal disc disruption at L3-4 and L4-5 with spinal collapse at L5-S1 level with bone on bone spondylosis and stenosis. He opines the claimant will require decompression and instrumented arthrodesis from L3-S1 with bone growth stimulator. He notes the claimant is morbidly obese. On physical examination her right lower extremity is in cast boot. She has positive flip test on left, positive Lasegue's, positive Braggard's, decreased ankle jerk on left, absent posterior tibial tendon jerk on left, decreased

ankle jerk on left, paresthesias in L5-S1 nerve root. There is weakness of the gastrocsoleus and EHL on left. She is to be scheduled for surgical intervention.

On 02/08/11 the case was reviewed by Dr., an orthopedic surgeon. Dr. non-certified the request. Dr. notes that all potential pain generators have not been identified. He reports there is confusion in review of MRIs along with EMG/NCV and discogram as to the exact levels that are affected. It is noted that most recent MRI provides no indication that there is any pathology at L5-S1 level. It is therefore opined that surgery and bone growth stimulator is not medically necessary.

On 02/17/11 the case was reviewed by Dr., orthopedic surgeon. Dr. finds the request is non-certified. He notes all pain generators have not been identified. He reports her symptomatology appears to be limited to L4 and L5-S1 levels with minimal disc pathology at the L3 level. He reports it seems the only reason the physician wishes to include L3-4 level is due to positive discography. He notes discograms are unreliable according to ODG guidelines. He notes the request for bone growth stimulator is not supported. He indicates that he recommends against surgery, and this device would not be medically necessary.

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

The submitted clinical records provided for review do not establish the medical necessity for examination under anesthesia L3-4, L5-S1 lumbar laminectomy, discectomy, arthrodesis with cages, posterior instrumentation with 2-day inpatient, and implantation of bone growth stimulator. The clinical records indicate the claimant sustained a work related injury as result of lifting on XX/XX/XX. The records indicate the claimant has undergone conservative treatment consisting of oral medications, physical therapy, and lumbar epidural steroid injections without relief. The claimant's imaging studies indicate mild multilevel degenerative changes without evidence of frank herniation or neural compression. The claimant ultimately was deemed to be surgical candidate and underwent lumbar discography. This study reports concordant pain at L3-4 and L4-5. It is reported the L5-S1 disc space could not be entered. The serial imaging studies do not indicate that there is any collapse at L5-S1 disc space. MRI dated 03/12/10 indicates there is no evidence of disc protrusion, canal stenosis, or neural foraminal narrowing at L5-S1 level. It is further noted that the claimant has not undergone lumbar flexion / extension radiographs to determine if there is any instability noted at the operative level. As pointed out by previous reviewer, it would appear that the inclusion of L3-4 level is secondary to reported concordant pain at this level during lumbar discography. Current evidence based guidelines do not recommend use of lumbar discography as isolated indication for performance of surgery. Given that there is no indication of pathology at L5-S1 level, there is no indication of instability at any of the requested operative levels, and noting the limited pathology identified at L3-4 level, the recommended surgical procedure is not medically necessary as requested. Based on the clinical information provided, the previous utilization review determinations are upheld.

**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**

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

**[ ] MILLIMAN CARE GUIDELINES**

**[ X ] 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)**