

Notice of Independent Review Decision

DATE OF REVIEW: MARCH 15TH 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

lumbar spine surgery at L3-4/L4-5 with laminectomy, discectomy, arthrodesis with cages, posterior instrumentation, and implantation of bone growth stimulator

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.

Therefore, due to the multiple inconsistencies on examination due to there being such strong positive Waddell's findings, invalid MMPI evaluation, non-verified spondylolisthesis as there is a lack of an independent overread of the x-rays, I would recommend noncertification of the requested procedure as the patient does not meet *ODG* criteria

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records Received: 18 page fax 2/23/XX IRO request, 35 page fax 2/23/XX
Provider response to disputed services including administrative and medical

records and two 152 page faxes 2/24/XX URA response to disputed services including administrative and medical records.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a XX-year-old patient that was injured XX/XX/XX when she was pulling a bag from a stack, and when the stack slipped, she fell on her back with a 55-pound bag on top of her. The patient did seek treatment and has been seen by multiple physicians and chiropractic physicians with conservative treatment and medication treatment. The patient was seen by Dr. for spine consultation, and he indicated on 01/12/XX the patient had flexion/extension x-rays revealing 10-mm retrolisthesis at L3-4 and extension correcting in forward flexion with bone-on-bone spondylosis and stenosis with facet subluxation and foraminal stenosis, and at L4-5 there was a 4.5-mm retrolisthesis in extension correcting in flexion. The physical examination that date noted positive Spring test, L4-5/L5-S1, positive sciatic notch tenderness, positive extensor lag, positive flip test bilaterally, positive Lasègue's bilaterally at L4-5, positive Bragard's right, decreased knee jerk right, absent posterior tibial tendon jerk bilaterally, paresthesia L4-5 and L5-S1 distribution bilaterally, weakness of the EHL, tibialis anterior right. The MRI reviewed noted L3-4 and L4-5 disk herniations, and surgical intervention was recommended.

The MRI is noted to have been performed 01/14/XX noting a broad-based left paramedian left foraminal disk protrusion at L3-4 and a posterolateral annular tear on the right with slight asymmetrical bulging versus small broad-based bilateral disk protrusion on the right at L4-5.

The patient has had electrodiagnostic studies 12/14/XX that noted L4-5 radiculopathy.

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

The multiple physicians have noted inconsistent findings on physical examination. There was an independent medical examination by Dr. 05/14/XX, who opined that he did not feel the patient was a surgical candidate. Dr. noted on his physical examination the patient having a positive Waddell's in all five tests and did note straight leg raise sitting was negative supine, not even compatible with ambulation. Range of motion of the neck reproduced low back pain, and range of motion of the shoulder reproduced low back pain, which is a

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strong positive finding. Dr. could not do strength against resistance in the upper extremities due to pain behavior for the low back, which made no anatomical sense. Diffuse skin tenderness, and the patient would not move 5 degrees in any plane on attempted range of motion. In the knees, sitting, he could do both knees to 110 degrees bilaterally. Supine, he could not do 30-40 degrees due to severe back pain. The patient would not give any strength dermatome in the lower extremity. Therefore, there were very positive Waddell findings noted on his physical examination.

The patient did have a presurgical psych evaluation that indicated there was an invalid Minnesota Multiphasic Test.

Therefore, due to the multiple inconsistencies on examination due to there being such strong positive Waddell's findings, invalid MMPI evaluation, non-verified spondylolisthesis as there is a lack of an independent overread of the x-rays, I would recommend noncertification of the requested procedure as the patient does not meet *ODG* criteria.

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)