



Notice of Independent Review Decision  
**REVIEWER'S REPORT**

**DATE OF REVIEW:** 09/29/11

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Decompression lumbar laminectomy, L4/L5, L5/S1, transforaminal lumbar interbody fusion, L4/L5, L5/S1, post spinal fusion with instrumentation, L4/L5, L5/S1, inpatient surgery one day.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the patients suffering spine problems

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
738.4	63047		Prosp.						Overturn
724.02	63048		Prosp.						Overturn
729.2	22632		Prosp.						Overturn
	22851		Prosp.	2					Overturn
	22842		Prosp.						Overturn
	22612		Prosp.						Overturn
	22614		Prosp.						Overturn

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI referral forms.
2. Letters of denial 08/08/11 and 08/30/11 including criteria used for the determination.
3. X-ray report, 05/24/11, lumbosacral spines with flexion and extension laterals revealing unstable L4/L5.
4. MRI scan of lumbosacral spine, 09/15/10, revealing severe canal stenosis at L4/L5, disc bulging with displacement of S1 nerve root at L5/S1.
5. Clinical notes, 01/12/11, history and physical examination 01/28/11.
6. Operative reports, 12/06/10 and 01/13/11 for epidural steroid injections.
7. Psychological evaluation, 08/02/11.

8. Orthopedic clinical notes, four entries between 03/28/11 and 07/11/11.
9. Treating doctor's note w/x-ray report 05/24/11.
10. Physical therapy evaluations, five entries between 04/01/11 and 05/20/11.
11. M.D., 03/24/11, clinical notes.
12. M.D., clinical note 03/03/11.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient is a female on xx/xx/xx. She subsequently developed low back pain and bilateral lower extremity pain suggestive of radiculopathy on the right greater than the left. Radiographically there is degenerative disc disease with spinal stenosis at multiple levels and instability segment at L4/L5. In addition, there is disc bulging at L5/S1 with displacement of the S1 nerve root on the left side. There is evidence of canal stenosis at L4/L5. The patient has been treated with activity modifications, medications, physical therapy, and epidural steroid injections. In spite of the non-operative treatment, her symptoms have been persistent. Her primary symptom is lumbar pain with bilateral lower extremity pain more severe on the right than the left. Examination has revealed a moderately obese female. She has a global decreased range of motion within the lumbar spine region. Positive straight leg-raising is reported. The patient has been recommended a two-level lumbar fusion at L4/L5 and L5/S1 by transforaminal lumbar inter-body technique and posterior instrumented fusion technique. Prior denials dated 08/08/11 and 08/30/11 were noted. However, there is mention even in denials of the justification for lumbar inter-body fusion and posterior fusion at the level of L4/L5.

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

This patient suffers a pre-existing lumbar spondylosis, degenerative disc disease, and instability at segment L4/L5. Her injury of xx/xx/xx worsened and produced exaggerated symptoms referable to the lumbar spine. She has clear indications for L4/L5 lumbar decompression and fusion with abnormalities already demonstrated at L5/S1. The displacement of the S1 nerve root on the left side would conceivably be worsened by an isolated L4/L5 decompression and fusion. The lumbar decompression and fusion appears indicated at two levels, while the request for one-day length of stay appears inadequate on the superficial interpretation. It can always be increased at the time of the hospitalization as necessary. It would appear that this patient is a suitable candidate for lumbar decompression and anterior and posterior fusion at levels L4/L5 and L5/S1.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.

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- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)