

# Clear Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** October 3, 2011

**IRO CASE #:**

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

Transforaminal lumbar interbody fusion (TLIF) at L4-5

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

M.D., Board Certified Orthopedic Surgeon  
Spine Surgeon, Practicing Neurosurgeon

**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**

Official Disability Guidelines

Request for IRO 09/13/11

Request for IRO 09/11/11

Utilization review determination 09/08/11

Utilization review determination 08/22/11

Clinical records Dr. 06/24/11

Clinical records Dr. 02/11/11

Clinical note Dr. 02/10/11 and 02/21/11

Report of lumbar discography 01/26/11

MRI lumbar spine 05/25/11

Clinical records Dr. 01/04/11 through 05/03/11

Clinical records Dr. 03/07/11 and 04/04/11

Behavioral health evaluation 07/26/11

Legal correspondence 08/31/11

**PATIENT CLINICAL HISTORY SUMMARY**

This patient was injured on xx/xx/xx. He lifted a steel plate and twisted. He developed low back pain with radiation into the lower extremities, with pain in the lateral aspect of the right thigh and anterior aspect of the left thigh. The records indicate that the patient was referred for MRI of the lumbar spine on 05/25/10. On MRI there is a 6mm disc bulge and facet osteoarthritis at L4-5 causing mild bilateral neural foraminal narrowing, mild narrowing of the spinal canal, disc desiccation. There is a grade 1 posterior spondylolisthesis of L5-S1. In addition at L5-S1 there is a 6mm right paracentral disc plate protrusion with end plate spurring and facet osteoarthritis causing severe right and mild left neural foraminal narrowing. There is disc desiccation and disc height loss with potential impingement on the right L5 and S1 nerve roots. Records indicate the patient was seen by Dr. for pain management. He was subsequently provided the medications baclofen 20mg and naproxen 500mg and Lortab 10mg. The patient was referred for lumbar discography on 01/26/11 at

L3-4. There is no pain produced at L4-5. The patient is reported to have concordant back pain with a congenitally small canal and extravasation of contrast at L5-S1. The right facet joint is mildly anomalous and there is moderate right facet arthrosis and hypertrophic spurring. On 02/08/11 the patient is reported to have been status post a myelogram. He is reported to have previously undergone epidurals with no improvement. Records indicate that on 02/10/11 the patient underwent a transforaminal epidural steroid injection. On 02/11/11 he was seen by Dr. . He is reported to have 8/10 back pain with occasional right leg symptoms. He underwent epidural which did not help. He also underwent EMG recently. He continues to complain of significant back pain. Lumbar discogram was discussed. Possible surgical procedures were discussed. Records indicate the patient continued to be followed by pain management doctor. On 06/24/11 the patient was seen by Dr. The patient is noted to have been tried on anti-inflammatory medications, physical therapy, epidural steroid injections, and his symptoms are progressively worsening. He reported 80% back pain and 20% leg pain. Current medications include Baclofen and Lortab. He is 5'7" tall and weighs 214 lbs. On physical examination he is unable to walk on toes or right heel. He is able to dorsiflex and walk on left heel. He has 4+/5 bilateral EHL muscle strength and 4+/5 left gastrosoleus strength. Sensory is intact. He has diminished bilateral Achilles reflexes. He has 2+/4 patellar reflexes. MRI was reviewed and discussed. Discogram was reviewed and discussed. EMG/NCV performed on 12/27/10 demonstrated bilateral L5-S1 radiculopathy. The record notes the patient was referred by Dr. for presurgical psychological evaluation. The evaluator found no psychological contraindications for the patient to undergo proposed surgical procedure. The initial request was reviewed by Dr. on 09/08/11. Dr. non-certified the request. He noted the disc protrusions at L4-5 and L5-S1. He concluded that given the lack of findings on imaging studies revealing significant neurocompressive findings, the request did not meet guidelines. The appeal request was reviewed by Dr. Dr. notes the patient has complaints of low back pain and documents his most recent physical examination. He reported there are no radiographic studies showing lumbar spine instability in the reviewed report, and notes that while the patient has had poor response to conservative treatment, there was no supporting documentation submitted.

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

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned. The submitted clinical records indicate that the patient is a male who sustained work related injuries as a result of lifting and twisting. The submitted clinical records provide sufficient data to establish that the patient has undergone an appropriate course of conservative treatment that has consisted of oral medications, physical therapy, and interventional procedures. Imaging studies indicate two large disc herniations at the L4-5 and L5-S1 level. There is noted contact of the exiting right L5 nerve root with right lateral recess stenosis with similar findings at L4-5. There is a reported grade 1 spondylolisthesis. This patient was referred for lumbar discography on 01/26/11. A review of the report indicates that the procedure was performed correctly. There was a negative control disc at L3-4 with concordant findings at both L4-5 and L5-S1 confirming the diagnosis of symptomatic degenerative disc disease. The patient underwent additional conservative treatments that again included epidural steroid injection with no relief. In accordance with the Official Disability Guidelines the patient was referred for pre-operative psychiatric evaluation and no contraindications have been identified. Based on the totality of this information, there is ample evidence in the clinical records to indicate that the patient meets the Official Disability Guidelines for the performance of a fusion procedure at L4-5. The reviewer finds there is a medical necessity for Transforaminal lumbar interbody fusion (TLIF) at L4-5.

**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)