

# US Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Apr/23/2012

**IRO CASE #:**

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

bilateral decompression, laminectomy L4-L5/L5-S1, posterior lumbar, interbody fusion L4-L5/L5-S1, internal fixation with cages L4-L5, L5-S1, posterior instrumentation with screws and rods, L4-L5, L5-S1 lateral fusion L4-L5, additional level L5-S1

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

M.D., Board Certified Orthopedic 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**

ODG: Low Back: Fusion  
Request for IRO dated 04/05/12  
Utilization review determination dated 02/20/12  
Utilization review determination dated 03/13/12  
Clinical records dated 07/29/11-03/16/12  
Radiographic report lumbar spine dated 07/10/11  
Radiographic report thoracic spine dated 07/10/11  
MRI thoracic spine dated 08/12/11  
MRI lumbar spine dated 08/12/11  
Clinical records dated 12/01/11-02/22/12  
EMG/NCV study dated 01/12/12

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who is reported to have sustained injuries to his low back on xx/xx/xx. On the date of injury he had to lift, which resulted in developing low back pain. The claimant is noted to be 5'11" tall and weighs 245 lbs. He came under the care of. He was diagnosed with thoracic and lumbar strains. He was provided oral medications and initiated on course of conservative treatment including physical therapy. Records indicate the claimant failed to improve. He was referred for radiographs of lumbar spine on 07/10/11. This study noted degenerative disease at L2-3 and L5-S1. Radiographs of thoracic spine showed mild degenerative disc disease of lower thoracic spine. The claimant was referred for MRI of thoracic spine on 08/12/11. This study notes a T11-12 dominant disc extrusion demonstrating caudal migration from disc level and extending from posterolateral throughout right paracentral in position. Spinal canal is frankly stenotic more notably eccentric to left and may be a subtle eccentric left compression of cord at this level. No cord edema was identified. MRI of lumbar spine was performed on this same date. The discs are noted to be dehydrated. He has type II endplate changes of degenerative disc disease evident at L4-5

and L5-S1. L1-2 demonstrates disc bulge. L2-3 demonstrates disc bulge. L3-4 demonstrates disc bulge. L4-5 demonstrates broad based displacement of disc with waste consistent with disc extrusion. L5-S1 demonstrates broad based displacement of disc with waste consistent with disc extrusion. L5-S1 demonstrates mild right neural foraminal stenosis and moderate left neural foraminal stenosis.

He was referred to on 12/01/11. It is reported that he was employed as corrections officer and was holding up inmate that hung himself in cell. While doing that he developed severe pain in low back radiating into lower extremities mostly on left side. He is noted to have received approximately 6 sessions of physical therapy and because he was not improving was referred for MRIs. He was seen by for pain management. He had two epidural steroid injections, which were reported to have helped about 60% to control pain. He has complaints of low back pain radiating into left lower extremity down into the foot. He was noted to have decreased range of motion of cervical spine with spasm. Deep tendon reflexes are hypoactive, equal and symmetrical. He has weakness in hand-grip bilaterally graded as 4+/5 and decreased sensation in distribution of C7 nerve roots. He has decreased lumbar range of motion with spasm. Deep tendon reflexes are hypoactive at level of ankle. He has no gross motor deficit, decreased sensation in distribution of L5 nerve roots on left side. Straight leg raise is positive on left. He has normal gait. He was referred for EMG/NCV study on 01/12/12. He has findings consistent with moderate right L4-S1 lumbosacral radiculopathy.

The claimant was seen by on 01/19/12 with complaints of low back pain radiating to the lower extremities right greater than left all the way down to the right foot. He is reported to have decreased sensation in the distribution of the L5-S1 nerve roots, more so on the right than the left. Straight leg raise is reported to be positive on the left at 40 degrees and positive on the right at 50 degrees. Decompressive lumbar laminectomy at L4-5 and L5-S1 with discectomies using metric system at L4-5 and L5-S1, posterior lumbar interbody fusion, internal fixation with cages and posterior instrumentation was recommended.

The initial review was performed by on 02/20/12 who non-certified the request. There is no documentation of instability or pain generators and no documentation for fusion based on the information provided and the guidelines. He is not an appropriate candidate for a two level fusion.

The appeal request was reviewed by on 03/12/12 who non-certified the request noting that the claimant does not meet the guideline criteria as there is no documentation noting spondylolisthesis or instability and therefore the request is not supported as medically necessary or appropriate.

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

The submitted clinical records indicate that the claimant has evidence of degenerative disease at both L4-5 and L5-S1 without evidence of instability. It would further be noted that there is a lack of consistency presented in the clinical record as the claimant initially presented to the requester with complaints of focal left lower extremity pain and objective findings. Upon completion of an EMG/NCV study, which notes all right sided findings consistent with right L4 through S1 lumbosacral radiculopathy, the claimant's physical examination suddenly changed to reflect right-sided symptoms. It would further be noted that the submitted clinical record or the submitted records do not include a pre-operative psychiatric evaluation as required by the Official Disability Guidelines. Therefore noting the lack of consistency in the clinical record, no evidence of instability, and no pre-operative psychiatric evaluation the reviewer finds that the request for bilateral decompression, laminectomy L4-L5/L5-S1, posterior lumbar, interbody fusion L4-L5/L5-S1, internal fixation with cages L4-L5, L5-S1, posterior instrumentation with screws and rods, L4-L5, L5-S1 lateral fusion L4-L5, additional level L5-S1 is not medically necessary. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be 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

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)