

SENT VIA EMAIL OR FAX ON  
Feb/07/2012

## True Resolutions Inc.

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Feb/07/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Decompression and Discectomy L2-3-4-5 with 1 day LOS

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

OD Guidelines  
Request for IRO dated 01/23/12  
Utilization review determination dated 12/23/11  
Utilization review determination dated 01/04/12  
Radiographic report lumbar spine dated 08/24/09  
CT lumbar spine dated 12/22/10  
Clinic note Dr. dated 01/27/11  
Clinic note Dr. dated 02/22/11, 05/27/11, 06/28/11  
Procedure report dated 05/06/11  
CT myelogram of lumbar spine dated 05/06/11  
CT myelogram 06/22/11  
Clinic notes Dr. dated 07/07/11, 09/08/11, 11/03/11, 12/14/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who is reported to have sustained work related injuries to his low back on xx/xx/xx. On this date the claimant is reported to have sustained fall at work place with subsequent development of low back pain. The claimant was referred for radiographs of lumbar spine on 08/24/09. This study notes moderate degree of diffuse bony structures, demineralization at L5-S1. There is postlaminectomy and operative fusion appearance with firm bony fusion densities observed. They retained metallic posterior IP screws at posterolateral ventral metallic rods without evidence of loosening. The claimant was referred for CT of lumbar spine on 12/22/10. This study notes a 3 mm central disc protrusion with borderline canal stenosis at L2-3. At L1-2 and L3-4 the discs are normal. At L4-5 there is 1-2 mm disc bulge present without canal stenosis, neural foraminal encroachment, facet hypertrophy or ligamentum flavum thickening. At L5-S1 there are postoperative changes of effusion.

On 01/27/11 the claimant was seen by Dr.. The claimant is noted to have failed to improve and ultimately underwent a 360 degree fusion. The claimant subsequently developed chronic pain syndrome, failed back surgery syndrome, and has been unable to return to gainful employment. He is on SSI disability. He recently underwent CT scan of lumbar spine. The claimant is under the care of Dr. and receives treatment for chronic pain syndrome. The claimant presented for evaluation for possible revision surgical treatment. He is reported to have increasing pain and subsequently is referred to Dr. for pain management. He is recommended to undergo additional diagnostic studies. He is on multiple medications.

On 02/22/11 the claimant was seen by Dr.. He is noted to have undergone epidural steroid injection before surgery in 1996. He is status post anterior and posterior fusion at L5-S1 in 1996 with incomplete pain relief. On physical examination he is noted to be 5'8" and weighs 160 lbs. He is well developed, well nourished, and has tenderness at L4-5. He is noted to have 3/5 strength in left anterior tibialis, 3/5 in gastrocnemius, and 2/5 in EHL. He has 3/5 strength in right gastrocnemius complex, remainder is 5/5. Deep tendon reflexes are 2/4 and symmetric. Sensation is decreased in left L5-S1 distribution. Straight leg raise is negative. There is some discussion regarding facets at L4-5 possibly causing pressure.

On 05/05/11 the claimant was referred for repeat CT myelogram of lumbar spine which again notes L1-2 and L3-4 to be normal. At L2-3 there is 4 mm central and left paracentral protrusion with mild central canal stenosis and potential L2-3 nerve root impingement. At L4-5 there is broad 1-2 mm disc bulge. At L5-S1 there are postoperative changes of fusion.

On 05/27/11 the claimant was seen in follow-up by Dr.. He has complaints of low back pain with radiation into left lower extremity to left foot. He reports pain level is 5/10. He is reported to have left leg and foot numbness and tingling. On physical examination right lower extremity strength is 5/5. Sensation is normal. Reflexes are 2+ and symmetric. Left lower extremity motor strength is 5/5. Reflexes are intact. Straight leg raise is negative bilaterally. He is opined to have adjacent segmental disease at L4-5 with instability, stenosis at L2-3 due to HNP and at L3-5 due to facet hypertrophy. Records indicate the claimant underwent additional CT myelogram on 06/22/11. This study notes a central disc protrusion at L2-3 level, a left foraminal L5 disc protrusion, and surgical changes seen at L5-S1 without evidence of hardware lucency.

The claimant was seen in follow-up by Dr.. He continues to have complaints of low back pain radiating into left foot and right foot. On physical examination it is now reported his right lower extremity gastrocnemius is 3/5. Sensation is normal. Reflexes are 2+ and symmetric. Left quadriceps is graded 4/5, anterior tibialis and gastrocnemius 3/5, EHL 2/5, and sensation is now reported to be decreased in L3, L5 and S1 distributions.

On 07/07/11 the claimant was referred to Dr. for surgical evaluation. He complains of low back pain radiating into both buttocks through the posterior left leg and anterior thigh bilaterally. He has received physical therapy, ultrasound, massage, ice, chiropractic manipulation. Current medications include Oxycontin, Zyrtec, Nucynta, Hydrocodone, Lyrica, Selzentry Intelence Isentress, Citalopram, Ambien, Prednisone, Divan, Xanax, Trazadone, Baclofen, and Dicyclomine. On physical examination he is 5'8" and 162 lbs. He has a

surgical scar over low back. He has no reported tenderness or muscle spasms. He is reported to have normal gait, but he is unable to toe walk. He can rise from squat. He can stand on one leg. He is unable to hop on one leg. Lumbar range of motion is reduced. Motor strength in lower extremities is 5/5. Straight leg raise is negative. Reflexes are 2+ at patella and 1+ at Achilles and symmetric. There is no evidence of atrophy in leg measurements. Straight leg raise is negative. Reverse straight leg raise is negative. There is absent spinal tenderness and absent spasm. Dr. reviewed the claimant's imaging studies and notes there is no specific area of encroachment of the hardware on nerve tissue but likely encroachment of thecal sac where wide laminectomy was done posteriorly. It is recommended the claimant undergo hardware blocks for consideration for removal. The claimant was seen in follow-up on 09/08/11. It is noted hardware injections were not approved under utilization review. The claimant was again seen in follow-up on 11/03/11 reporting hardware injections were ineffective. It is reported there is procedure report from Dr. that indicates the claimant received good relief at L2-3, L4-5, with selective nerve root injections. He is opined to have spinal stenosis at L2-3 and L4-5. He is recommended to undergo microdiscectomy at L2-3 and L4-5. Dr. reports the claimant's right side is more symptomatic than the left and suggested right sided approach. When seen in follow-up on 12/15/11 he is reported to have marked weakness in his quads on left side, weakness of anterior tibialis and left foot dorsiflexion. There was transcription error that indicated the claimant's leg pain is worse, today pain is definitely on left side.

The initial utilization review was performed on 12/23/11 by Dr.. Dr. non-certified the request noting the record elaborates the claimant has complaints of ongoing low back pain despite previous surgical intervention. He noted ODG guidelines recommend decompression and discectomy provide the claimant meets specific criteria to include documentation supporting the claimant's previous involvement with conservative treatment, specifically with physical therapy. He notes that the clinic notes indicate the claimant has previously been involved with physical therapy; however, there are no dates or number of sessions provided. He subsequently non-certified the request.

The appeal request was reviewed on 01/04/12 by Dr.. Dr. non-certified the request noting documentation submitted for review elaborates the claimant complained of ongoing low back pain with assorted weakness in lower extremities left worse than right. He noted ODG recommends discectomy provided the claimant meets specific criteria including imaging studies confirming significant neurocompressive findings at appropriate levels, failure of conservative treatment, and he notes no physical therapy notes were submitted for review. He noted imaging studies do not confirm claimant's significant pathology at L3-4. He notes lack of imaging studies confirming patient's L3-4 involvement as well as lack of information regarding patient's completion of conservative treatment, the request does not meet guidelines.

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

The request for lumbar decompression and discectomy at L2-3, L3-4, and L4-5 with 1 day LOS is not supported as medically necessary, and the previous utilization review determinations are upheld. The submitted clinical records indicate the claimant initially sustained an injury to low back which ultimately resulted in performance of L5-S1 fusion. The claimant has undergone multiple CT myelogram which indicate presence of pathology at L2-3 and potentially at L4-5. The submitted clinical records indicate the claimant has failed multiple passive and active modalities. He has received chiropractic manipulation and interventional procedures. He is further noted to have undergone hardware injections which provided no relief. There is conflicting information as provided by the treating providers. Serial physical examinations are not consistent. It would be noted at initial evaluation the claimant was noted to only have difficulty with toe raising. Subsequent examinations by Dr. report significant abnormalities not previously documented in his clinic notes. The most recent examination reported weakness in quadriceps on left, weakness in anterior tibialis and left foot dorsiflexion no in evidence on initial examination. It would further be noted there is lack of identified pathology at L3-4 level to establish need for decompression. Given the lack

of consistency on serial examinations as well as noting absence of pathology at the L3-4 level that would require decompression, 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

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)