

# US Decisions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Feb/16/2012

**IRO CASE #:**

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

one Tripod back brace, anterior lumbar interbody fusion (ALIF), posterior lumbar fusion (PLF) and laminectomy at the left L4-L5 and L5-S1 levels, purchase of Spinalogic bone growth stimulator and three days of in-patient hospital stay

**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**

Official Disability Guidelines  
Reconsideration determination 01/24/12  
Utilization review determination 01/12/12  
Orthopedic spinal evaluation and follow-up evaluation 12/02/10-12/19/11  
Psychological diagnostic imaging and testing 05/04/11  
CT discogram lumbar spine 11/29/11  
MRI lumbar spine 12/09/10  
EMG/NCV 12/08/11  
Electrodiagnostic results 12/09/11  
Physical therapy notes 10/28/10-11/29/10  
Prescription refill records various dates  
Operative report caudal epidural steroid injection 02/21/11  
Operative report bilateral facet joint injection L4-5, L5-S1 01/10/11  
Physical therapy evaluation 08/08/11  
Designated doctor evaluation 05/05/11  
Preauthorization request form 01/09/12  
Reconsideration request 01/17/12  
X-rays lumbar spine 10/26/10  
MR arthrogram left hip 02/04/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male whose date of injury is xx/xx/xx. Records indicate he was carrying a 16-foot wooden ladder when he stepped into large hole twisting his back. The claimant is noted to complain of severe low back pain and left hip pain. He occasionally has pain in neck area. MRI lumbar spine performed 12/09/10 revealed 2-3 mm posterior central discal substance protrusion / herniation at L4-5 which minimally indents the thecal sac. At L5-S1 there is a 3-4 mm broad based left paracentral discal substance / herniation which mildly

indents the thecal sac. According to the records the claimant reported 90% low back pain and 10% buttock pain bilaterally. There was no pain radiating into legs. The patient was treated conservatively with medications, lumbar facet injections performed bilateral L4-5, L5-S1 on 01/10/11 epidural steroid injection performed 02/21/11 reportedly did not help. Follow-up on 01/18/11 indicates the claimant experienced approximately 85% relief. He underwent epidural steroid injection on 02/21/11. Progress note dated 03/03/11 indicated the claimant experienced approximately 70% improvement of back pain, which lasted less than a week. Lumbar discogram with post CT was performed on 11/29/11 and reported to reveal radiographically abnormal L4-5 and L5-S1 disc with concordant low back pain. The L3-4 level was reported as radiographically normal without pain. Electrodiagnostic testing performed 12/09/11 reported findings of limited examination were consistent with probable chronic left L4 radiculopathy. Claimant was seen on 12/19/11 and reported 50% back pain 50% radiating buttock pain in the gluteal region as well as in the anterior groin and anterior thigh. Examination revealed antalgic gait pattern favoring the left lower extremity. There was tenderness to palpation in the paraspinous region. There was left gluteal and sciatic notch pain as well. Range of motion was very limited. Neurologic examination reported positive straight leg raise and Lasegue's test on the left, negative on the right. Deep tendon reflexes were +2 patellar Achilles bilaterally. Sensation to light touch was decreased along the left lateral thigh, medial shin and lateral foot. Sensation was intact within the right lower extremity. There was continued weakness within the left leg extension 4+/5, as well as severe persistent hip weakness secondary to pain. Tibialis anterior, EHL and ankle eversion weakness was graded 4+/5 versus 5/5 on the right.

A pre-authorization request for a tripod back brace, bone growth stimulator, with anterior lumbar interbody fusion and posterior lumbar fusion with laminectomy at the left L4-5 and L5-S1 level with three day inpatient stay was reviewed on 01/12/12 and non-certified. The reviewer noted there was no objective documentation regarding failure of response to evidenced-based conservative modalities such as physical therapy, injection or oral pharmacotherapy. No serial physical therapy progress notes and medication log with VAS scoring was provided. Procedural notes of the injections were not submitted. There was also lack of imaging evidence of instability at both levels to warrant a fusion procedure. Hence medical necessity of the requested service has not been established and therefore request for hospital stay, bone growth stimulator and brace is not substantiated.

Reconsideration/appeal request for tripod back brace, purchase of bone growth stimulator, anterior lumbar interbody fusion (ALIF), posterior lumbar fusion (PLF) and laminectomy at left L4-5 and L5-S1 with three day inpatient stay was reviewed on 01/24/12. The request again was non-certified as medically necessary. Medical report dated 01/11/12 indicates the claimant has low back pain. Physical examination of the lumbar spine indicated generalized tenderness, no muscle spasm and decreased range of motion. Patella and Achilles reflexes were normal and equal bilaterally. Motor strength was 5/5 in the bilateral lower extremities. There was noted weakness in hip flexors on the left. Straight leg raise in the seated position caused no back pain or leg pain. Straight leg raise in the lying position caused some low back pain on the left more than the right. There was no radiating leg pain. Sensation was intact in both lower extremities. Physical examination dated 12/19/11 revealed straight leg raise and Lasegue's test were positive on the left. Sensation was decreased along the left lateral thigh, medial shin and lateral foot. Motor strength was 4+/5 on the left. CT discogram showed disc bulging concentrically of 2mm or less at L3-4 with discogram contrast material extending to the surface of the annulus left of midline L4-5 but does not extravasate into the epidural space. Contrast material is seen only in the right half of the disc space at L3-4. It was noted that the medical report failed to objectively document exhaustion and failure of conservative treatment such as activity modification, home exercise training, oral pharmacotherapy and physical therapy. There were no noted VAS pain scales and recent physical therapy notes documenting a lack of progress and several attempts. There is no documentation provided with regard to failure of the claimant to respond to recent evidence based exercise program. There was no documentation of failure with optimized pharmacologic treatment in managing pain. There is no objective evidence that the claimant is unlikely to gain clinically significant functional response from continued treatment from less invasive modalities. Maximum potential of conservative treatment done was not fully

exhausted to indicate a surgical procedure. Furthermore radiologist's analysis of x-rays show objective documented evidence that the claimant has spinal instability was not submitted for review. The 01/17/11 RME did not support surgical intervention based on normal neurologic exam, lack of instability and subjective findings disproportionate to objective pathology at this time.

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

Based on the clinical information provided, the proposed one Tripod back brace, anterior lumbar interbody fusion (ALIF), posterior lumbar fusion (PLF) and laminectomy at the left L4-L5 and L5-S1 levels, purchase of Spinalogic bone growth stimulator and three days of in-patient hospital stay is not medically necessary. This man had an injury to the lumbar spine on 10/22/10 when he stepped in a hole while carrying a ladder. He complained of low back pain (90%) and buttock pain (10%). He was treated with physical therapy, facet joint injection times one, and epidural steroid injection times one. He had physical therapy. MRI of the lumbar spine revealed 2-3mm posterior disc protrusion at L4-5 with 3-4mm left paracentral disc protrusion at L5-S1. There was minimal indentation of the thecal sac with no evidence of nerve root compression. Discogram was reported positive for concordant pain at L4-5 and L5-S1 with negative control level at L3-4. There was no documentation of motion segment instability at any level of the lumbar spine. Per psychological evaluation dated 05/04/11 there were no psychological issues present that would prevent the claimant from undergoing surgery. Physical examination performed on 12/19/11 reported tenderness to palpation of the paraspinal region with left gluteal and sciatic notch pain, as well as very limited range of motion of the lumbosacral spine. Neurologic examination reported positive straight leg raise and Lasegue's test on the left, negative on the right. Deep tendon reflexes were 2+ at the bilateral knees and ankles. Sensation to light touch was decreased along the left lateral thigh, medial shin and lateral foot. Sensation was intact to the right lower extremity. It was noted the claimant continued to have weakness with left leg extension 4+/5 as well as severe persistent hip weakness secondary to pain. There was tibialis anterior, EHL and ankle eversion weakness 4+/5 versus 5/5 on the right. However, per the 01/17/11 RME, there was normal neurologic exam, lack of instability and subjective findings disproportionate to objective pathology and surgical intervention was not supported. 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)