

# C-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Dec/21/2011

**IRO CASE #:**

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

Anterior L4/5 and L5/S1 discectomy, fusion and plate - Inpatient Surgery one-day 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**

ODG Low Back – Lumbar & Thoracic  
Utilization review determination dated 11/14/11  
Utilization review determination dated 11/21/11  
Clinical records Dr. dated 02/10/11-10/17/11  
EMG/NCV dated 06/10/11  
Request for authorization of surgery 11/09/11  
MRI lumbar spine dated 10/06/11  
MRI lumbar spine dated 02/14/11  
Functional capacity evaluation dated 04/28/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who is reported to have sustained injuries to her low back on xx/xx/xx. She slipped on some ice and twisted her left leg. She was seen at ER where x-rays were obtained. She had low back pain, was unable to work for 2 days. She returned to work but had significant pain. Radiographs dated 02/04/11 show grade II spondylolisthesis at L4 on L5 with compression fracture at L5 with disc space collapse at L5-S1. She was referred for MRI on 02/14/11. This study notes moderate compression fracture of superior aspect of L5 vertebral body with bone marrow edema indicative of acute subacute compression fracture. At L5-S1 there is a broad based posterior subligamentous disc herniation measuring 3 to 3.5 mm in AP diameter touching the thecal sac. There is spondylosis, degenerative disc disease and hypertrophic changes in facet joints causing moderate foraminal stenosis bilaterally. At L3-4 there is a broad based posterior subligamentous disc herniation central and lateral aspect of both sides with more prominence centrally and to the right measuring 3.5 to 4 mm in AP diameter indenting the thecal sac causing slight to moderate inferior neural foraminal stenosis. She was provided with a lumbar brace and oral medications. When seen in follow-up on 03/31/11 it was reported her

compression fracture has healed. She has decreased lumbar range of motion with no motor weakness or changes. There is disc space collapse at L5-S1 with spondylolisthesis of L4 on L5. The claimant was referred to a work hardening program, which she was unable to complete. On 06/10/11 an EMG/NCV study was completed. She is noted to have history of previous lumbar laminectomy. This study showed findings of mild irritation to right L5 nerve root suggestive of radiculitis. Dr. saw her on 09/22/11. She is reported to have intense back pain with radiation down the legs. She has failed work hardening program. She was demonstrated to have healed L5 compression fracture. She is noted to have spondylolisthesis of L4 on L5 with disc space collapse at L5-S1. She is noted to have bilateral EHL weakness, limited lumbar range of motion, and pain with straight leg raise on the left. It is suggested she may be candidate for minimally invasive anterior approach. It was recommended that she get an updated MRI.

On 10/16/11 a repeat MRI was performed. This study notes a mild chronic anterior wedge compression deformity. At L4-5 there is a marked facet arthrosis noted with a 6 mm anterolisthesis of L4 relative to L5. An L4-5 laminectomy and partial facetectomy are seen. There is a pseudo bulge and moderate concentric true bulge identified with mild left lateral recess stenosis and no mass effect on proximal descending left L5 nerve root. There is mild right and moderate left foraminal stenosis with mild flattening of the exiting left L4 nerve root. At L3-4 there is moderate to marked facet arthrosis, 3-4 mm concentric disc protrusion identified with right extraforaminal annular fissuring. There is mild foraminal stenosis without displacement of exiting L3 nerve roots. At L5-S1 there is mild spondylosis and 4-5 mm concentric disc protrusion identified with mild foraminal stenosis but no impingement upon the exiting L5 nerve roots. There is moderate Modic type I fibrovascular endplate degenerative changes present at this level.

Dr. saw her on 10/17/11. She is noted to have spondylolisthesis of L4 on L5 and spondylolisthesis of L5 on S1. There is an old fracture of L5 and traumatic Schmorl's node with superior endplate depression at L5. Her physical examination is unchanged. She is reported to be in pain. Dr. recommended that she undergo anterior L4-5 and L5-S1 discectomy and interbody fusion and instrumentation procedure.

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

This woman was injured resulting in L5-S1 compression fracture. The imaging studies as well as records provided indicate there is collapse at L5-S1 disc space and further noted to be a wedge deformity of L5 vertebral body. There is a grade II anterolisthesis of L4 on L5. There is evidence of previous laminectomy, which most likely resulted in instability. The claimant has undergone extensive conservative treatment and failed a work hardening program. EMG/NCV indicates presence of right L5 radiculopathy consistent with claimant's imaging studies. Noting previous reviewers recommended single level fusion with decompression at L5-S1 level, clearly, the nature and degree of collapse at L5-S1 level would certainly ultimately end up with iatrogenic instability. Further, it is noted that there is wedge deformity of vertebral body. Based on the information provided, the reviewer finds the requested Anterior L4/5 and L5/S1 discectomy, fusion and plate - Inpatient Surgery one-day stay is medically necessary.

**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)