

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.  
12001 NORTH CENTRAL EXPRESSWAY  
SUITE 800  
DALLAS, TEXAS 75243  
(214) 750-6110  
FAX (214) 750-5825

---

Notice of Independent Review Decision

**DATE OF REVIEW:** February 21, 2012

**IRO CASE #:**

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

Urgent Appeal ALIF/PSF L/5/A1 Lami and Instrumentation. CPT Codes: 22558, 22612, 63047 and 22845.

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

AMERICAN BOARD OF ORTHOPAEDIC SURGEONS

**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**

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- M.D, 08/26/10
- Imaging, 04/08/11
- Spine Consultants, L.L.P., 06/06/11, 07/18/11, 10/05/11, 10/21/11, 10/31/11
- Back Institute, 12/30/11
- 01/13/12
- Office of Injured Employee Counsel, 01/26/11, 01/27/12

Medical records from the Requestor/Provider include:

- Employer's First Report of Injury or Illness, xx/xx/xx
- , 07/26/10, 07/27/10, 07/28/10, 07/30/10, 08/02/10, 08/04/10, 08/05/10, 08/10/10, 08/17/10, 08/24/10, 08/26/10, 08/27/10, 09/01/10, 09/03/10, 09/07/10, 09/09/10, 09/10/10, 09/13/10, 09/15/10
- Texas Workers' Compensation Work Status Report, 07/26/10, 07/30/10, 08/03/10, 08/10/10, 08/17/10, 08/24/10, 08/27/10, 09/09/10, 09/15/10, 10/14/10, 04/13/11
- International, 07/28/10
- M.D, 08/25/10
- D.O., 09/29/10, 10/14/10, 02/02/11
- Ltd., 09/29/10
- 09/20/10
- Medical Center, 10/14/10
- Imaging, 04/08/11
- M.D., 04/13/11, 04/15/11
- Spine Consultants, L.L.P., 06/06/11, 07/18/11, 10/05/11, 10/21/11, 10/31/11

#### **PATIENT CLINICAL HISTORY:**

The patient was employed as a when she was injured on or around xx/xx/xx, while operating the. The patient gives no specific injury as to it, but when she got off of the lift she had pain in her lower back. At that point in time, the patient reportedly had a negative history of previous back injuries. However, the patient is Spanish speaking only, and I do not notice throughout her initial course of treatment where an interpreter was provided.

Following her initial evaluation at Medical Centers by M.D., the patient was referred to Medical Centers where she underwent an extensive course of physical therapy provided at that facility under the direction of P.T. It is also noted that there was no interpreter available. The patient did not have a positive response to the physical therapy.

The patient had an MRI ordered on August 25, 2010. This demonstrated no acute pathology. There were bulging discs noted at L3-4 of 1 mm and at L4-5 of 1-2 mm. There was a 2 mm bulge, which is basically physiological, at L5-S1 with a 3 mm left posterolateral component, with mild right neural foraminal narrowing and moderate left neural foraminal narrowing. There was also some facet hypertrophy noted.

The patient was referred for pain management.

The patient underwent one transforaminal epidural steroid injection at L5-S1 on the left, which did not improve her symptoms in the least.

The patient was seen by D.O., who after he observed her with a failed epidural steroid injection determined that she needed the L5-S1 disc space operated on, in spite of having no objective findings of a disc herniation. Dr. performed a transpedicular, transforaminal decompression of the L5-S1 nerve root on the left. There is some evidence during the performance of this procedure that the nerve root at that level was damaged, at least according to subsequent treating physicians.

Following this procedure, the patient's symptoms were made worse; this is according to a subsequent treating physician.

There was a repeat MRI performed following the endoscopic discectomy which demonstrated no disc herniation. There was dehydration of the S1 disc, but no noted central or foraminal stenosis. There was bilateral facet arthropathy at L4-5.

Subsequent to being discharged from Dr., the patient was seen by M.D. Dr. Park felt that the previous surgery had injured her nerve root. Dr. recommended that the patient may need revision surgery, primarily to decompress the nerve root. However, in addition to the nerve decompression, Dr. suggested that the patient also have an anterior interbody fusion and posterior stabilization.

There were flexion and extension x-rays performed which demonstrated no instability.

There was also an EMG performed, which was interpreted as being within normal limits.

At the present time, Dr. is requesting an ALIF/PSF L/5/A1 laminectomy and instrumentation which has been denied.

Following the patient's EMG study, the patient had a psychological evaluation performed at Back Institute. This study was performed on December 30, 2011. Again, it is noted this patient has a very poor command of the English language. I really question the amount of informed consent. The patient had previous surgical treatment that she understood the risks and potential complications. The psychological evaluation revealed the patient had multiple contraindications for proceeding with the back surgery. The patient was significantly depressed. The study found that she probably had a great deal of denial in ability to cope with pain. They had also recommended psychotherapy if she did have surgery. They also stated that she needed to have a significant amount of encouragement and family support. I do not know if that is available. Irrespective of this, there was denial for the proposed surgery dated January 27, 2012.

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

I have reviewed the medical records provided to me and also the denial. After reviewing these records, I uphold the denial. At the present time, the patient has minimal objective findings supporting surgery. The patient does not demonstrate any spinal instability. The patient has no objective evidence of a radiculopathy. This was supported by an EMG, which Dr. discounts, but he was being a little disingenuous by saying that. The physician that performed the EMG revealed that there was no difficulty in doing it, and Dr. eluded that it was an incomplete study. Whether the patient needed the original transforaminal disc decompression is unclear at this point in time. There is a significant chance that the nerve root of that level was damaged. I do not see where the patient could be benefited by any type of a stabilization process, in that she does not demonstrate any instability. Half of the patient's pain is in her leg, which goes into the leg but not below the knee, and the other 50% is in her back. If the patient needed any type of surgical procedure, it would possibly be an open expiration of the L5-S1 disc space on the left side only. This would afford the opportunity to evaluate the nerve root and to do an open decompression. With the minimal findings on both of the MRI scans, it would not be necessary to destabilize this level. It would not be necessary to

arthrode this level. Overall, the indications for doing both the first and second surgeries are quite soft and do not follow the ODG Guidelines or the guidelines provided to me in the denial letter. In summary, the patient does not meet indications for the proposed procedure.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN 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)