

## NOTICE OF INDEPENDENT REVIEW DECISION

March 5, 2002

RE: Injured Worker:  
MDR Tracking #: M2-02-0449-01  
IRO Certificate #:

The independent review was performed by a \_\_\_\_\_ physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The \_\_\_\_\_ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

The \_\_\_\_\_ physician reviewer has determined that the proposed care is medically necessary for treatment of the patient's condition. Therefore, \_\_\_\_\_ disagrees with the previous adverse determination. The specific reasons including the clinical basis for this determination are as follows:

This patient has chronic radiculopathy involving the fifth lumbar and first sacral nerve roots. The posterior lumbar interbody fusion with cages performed in \_\_\_\_\_ 1999 is mechanically unstable and radiographically mobile. The patient's physical examination symptoms and failure to respond to conservative therapy substantiate this diagnosis. The surgical plan quite appropriately indicates the revision of the pseudoarthrosis and correction of the mechanical instability of the previously fused level of L5-S1 is indicated. On physical examination and historical review, the patient has signs and symptoms of an L5 radiculopathy as well as an S1 radiculopathy. It is therefore imperative to investigate in a definitive fashion the two lumbar discs immediately above the pseudoarthrosis. To repair merely the pseudoarthrosis in the presence of adjacent discs which are not only symptomatic but causing radiculopathy of the fifth lumbar nerve root would defeat the purpose of correcting the pseudoarthrosis since another surgical procedure would be required at a later date to extend the surgical arthrodesis cephalad another level or perhaps two. An article which address the efficacy of discography was published in Current Review of Pain 2000, 4:301-308, Dr. Eugene J. Carragee discusses the efficacy of lumbar discography in a very negative way. However, on page 306 of this article, in the third paragraph of the right hand column, Dr. Carragee states "The best usage for this test may be in the patient with clear pathology (spondylolisthesis, scoliosis, or demonstrable radiographic instability) in which the extent of the proposed fusion is uncertain and the integrity of the adjacent segments is important to establish." This is clearly the case with this patient. The CT scan requested is an integral part of the discogram and is not ordered for assessment of the lumbar spine in its own right but to demonstrate the discographic abnormalities more accurately. Therefore, it is determined that the lumbar discogram and concomitant CT scan are medically necessary to treat this patient's condition.

This decision by the IRO is deemed to be a TWCC decision and order.

Sincerely,

Director of Medical Assessment