

January 4, 2006

TX DEPT OF INS DIV OF WC  
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-060449-01

CLIENT TRACKING NUMBER: M2-06-0449-01 / 5278

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Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above-mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the case in question to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

**Records Received:**

Notification of IRO assignment 12/22/05 1 page  
Request for review 11/23/05 4 pages  
Denial letter from Travelers 10/17/05 2 pages  
Appeal Denial letter 11/07/05 2 pages  
Notes from Greif Bros Corporation 12/05/05 8 pages  
Approval letter 04/07/04 2 pages  
Pre-op notes 04/14/04 1 page  
Post anesthesia orders 05/06/04 1 page  
Dr's notes 05/07/04 1 page  
History and Physical 05/06/04 3 pages  
Pre op checklist 05/07/04 1 page  
(continued)

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Recovery room request 05/07/04 1 page  
Blood Component record 05/07/04 1 page  
Surgical post sheet 05/07/04 2 pages  
Discharge summary 06/28/04 2 pages  
Consult report 05/10/04 2 pages  
Consult report 05/08/04 2 pages  
Operative report 05/07/04 3 pages  
Anesthesia record 05/07/04 2 pages  
Discharge summary undated 2 pages  
Post op note 05/07/04 1 page  
Physician orders 05/07/04 2 pages  
Graphic Chart 05/07/04 - 05/11/04 1 page  
Nutrition note 05/07/04 1 page  
Graphic Chart 04/07/04 - 05/10/04  
Dr's notes 05/07/04 - 05/08/04  
Perioperative record 05/07/04 3 pages  
Dr's orders 05/07/04 2 pages  
Order sheet 05/07/04 1 page  
Pump orders 05/07/04 2 pages  
Interdisciplinary teaching record 05/07/04 9 pages  
Nurses notes 05/07/04 8 pages  
Physicians orders 05/07/04 - 5/10/04 4 pages  
Dr's notes 05/08/04 - 05/09/04 1 page  
Skin Assessment Worksheet 05/07/04 1 page  
Posting sheet 04/13/04 2 pages  
Patient information 01/27/04 1 page  
PCA pump worksheet 05/07/04 - 05/09/04 3 pages  
Dr's notes 05/08/04 1 page  
Physicians orders 05/10/04 - 05/11/04 1 page  
Dr's notes 05/10/04 - 5/11/04 2 pages  
Physicians orders 05/10/04 1 page  
Vital Sign checklist undated 1 page  
Neurovascular assessment 05/07/04 - 05/08/04 1 page  
Patient progress 05/09/04 3 pages  
Discharge instructions 05/10/04 3 pages  
Patient care flowsheet 05/07/04 2 pages  
Nurses notes 05/07/04 4 pages  
Patient care flowsheet 05/08/04 2 pages  
Nurses notes 05/08/04 4 pages  
Patient care flowsheet 05/09/04 2 pages  
Nurses notes 05/09/04 3 pages  
Patient care flowsheet 05/10/04 2 pages  
Nurses notes 05/10/04 4 pages  
Patient care flowsheet 05/11/04 2 pages  
Nurses notes 05/11/04 3 pages  
PT evaluation 05/08/04 2 pages  
(continued)

OT evaluation 05/08/04 3 pages  
Case Management notes 05/10/04 1 pages  
Therapist notes 05/05/04 – 05/11/04 6 pages  
PT progress notes 05/08/04 1 page  
Medication records 05/07/04 19 pages  
Lab form 05/05/04 1 page  
Lab results 05/05/04 4 pages  
Radiology report 05/05/04 1 page  
Radiology report 05/10/04 2 pages  
ECG report undated 1 page  
Lab results 05/08/04–05/10/04 2 pages  
Letter from Dr. Francis 04/25/05 2 pages  
Letter from Dr. Francis 05/13/05 1 page  
Letter from Dr. Francis 06/29/05 1 page  
Appeal letter 07/13/05 3 pages  
Appeal letter 10/05/05 1 page  
Clinical History 06/09/05 3 pages  
Appeal letter 10/31/05 2 pages  
Duplicate records 25 pages

**Summary of Treatment/Case History:**

This is a 52 year–old male who sustained an injury to his lumbar spine on \_\_\_\_\_. He was trying to remove a jammed piece of steel from a conveyor belt while pulling on the steel, he had immediate severe low back pain. He then had surgery in July 2002, which was a laminectomy. He did not recover and was seen by Dr. McDonnell, who performed further surgery. On February 20, 2003 he underwent a laminectomy and fusion. On July 20, 2003 he had a repeat surgery with further decompression. On May 7, 2004, the fusion was explored and his hardware was removed and he was re–fused from L4 to S1. Subsequent to all these surgeries, he had severe ongoing lower back pain and foot drop as a result of his multiple surgeries. On June 9, 2005 a lumbar myelogram and computerized tomography with contrast was performed. It was noted that there was no nerve root compression on myelogram; on the computerized tomography the fusion was solid with mild effacement of the thecal sac at L2 and L3 above the level of fusion, and there was no stenosis. The patient continues with disabling back pain, he has problems with depression, he is 6 feet 4” tall and weighs 300 pounds, he has been diagnosed with arachnoiditis, and he is diabetic.

**Questions for Review:**

1. Item(s) in dispute: Pre–Authorization request: Instrument removal L4–S1 with exploration of fusion L4–S1 with 2 day inpatient stay.

**Explanation of Findings:**

This is a gentleman with chronic pain who has had at least four prior surgeries. All of the surgeries have failed. The myelogram and CT studies indicate that the fusion is solid and there is no mention of loosening of the components. The only mention of loosening is on extension view of the lumbar spine made in the physician’s office. There is no mention of instability on flexion views of the lumbar spine. This gentleman is going to continue with disabling lumbar pain and, at the present time, he is a surgical cripple. Further surgery in cases like this tends to exponentially increase complications, failure (continued)

rate and pain. At the present time the recommended treatment would be nonsurgical with psychological support and a very basic exercise program and, if possible, non-narcotic pain control. If all else fails, he would be a candidate for sustained release narcotic management.

**Conclusion/Decision to Not Certify:**

1. Item(s) in dispute: Pre-Authorization request: Instrument removal L4-S1 with exploration of fusion L4-S1 with 2 day inpatient stay.

The proposed instrument removal at L4-S1 with exploration of fusion at L4-S1 with 2-day inpatient stay is not medically necessary.

**References Used in Support of Decision:**

1. Occupational low back pain. James Talmage MD. American Academy of Disability Evaluating Physicians. Update on Disability Medicine. Seattle, Washington
2. Clinical practice guideline number 14, Agency for Healthcare Policy and Research. Stanley Bigos, MD, pages 88-91

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The physician providing this review is board certified in Orthopedic Surgery. The reviewer holds additional certification from the American Board of Orthopaedic Surgery. The reviewer has served in capacity of executive committee member, credentials committee, chairman of the surgery department, board of directors and quality boards at various hospitals and medical centers. The reviewer currently serves as the Chief of Orthopedic Surgery at a VA Medical Center. The reviewer has been in active practice since 1970.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, and the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical  
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literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Raquel G ext 518

cc: requestor and respondent