MEDR X

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Notice of Independent Review Decision

DATE OF REVIEW: 11/27/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of L4-S1 lumbar laminectomy and posterior spinal fusion with interbody, LOS x 3 days (63047, 63048, 22842, 22612, 22614, 22630, 22632, 22851, 38220, 20936, 69990, 76000).

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 15 years and performs this type of service in daily practice.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of L4-S1 lumbar laminectomy and posterior spinal fusion with interbody, LOS x 3 days (63047, 63048, 22842, 22612, 22614, 22630, 22632, 22851, 38220, 20936, 69990, 76000).

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:
MD

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from MD: Office Notes – 6/24/09 & 11/2/09.
Records reviewed from : letter – 8/15/09; Denial letter – 8/25/08, 1/6/09, 7/9/09, & 8/5/09; email – 7/8/09; MD letter – 7/1/09, Letter – 7/27/09; MD MRI report – 2/25/09; Inc. EMG Report – 6/6/08; MD Procedure Note – 12/30/08; Pain Relief Clinic Follow-up Notes – 7/2/08-6/11/09, Initial Patient Eval – 6/2/08; MD Denial decision – 8/4/09.
Records reviewed from: MD MRI report – 6/9/08;, MD MRI report – 2/25/09; MD Lumbar Flex-Ext Report – 9/25/09; DWC69 – 9/27/09, 10/2/08, & 10/10/08; DC DDE report – 7/2/08; MD Report – 7/10/08; MD report – 10/22/08; MD Follow-up Notes – 2/5/09-5/6/09; Pain Relief Clinic Follow-up Notes – 2/9/09-4/9/09; MD DDE Report – 6/27/09

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:
The injured employee sustained a workplace-related injury as part of a fall forward and a hyperextension to the back. The patient has been having ongoing "lumbar pain symptoms" as per the records from Alamo Neurosurgical Institute. The symptoms include: "lumbar pain with radiculopathy to the posterior aspect of the bilateral legs, as well as paresthesias of bilateral calves."

Records from Neurosurgical Institute dated June 24, 2009, documents a normal neurological examination and imaging studies showing a central disc displacement at L4-L5 and a right-sided disc displacement at L5-S1. Laminectomy with fusion was felt to be indicated at both levels due to the failure of "previous nonsurgical treatment options."

A note from the Professional Center dated February 25, 2009, revealed the findings of multilevel lumbar spondylosis including at L4-L5 with impression of the exiting L4 nerve roots and moderate sized extruded right paracentral disc herniation with compression of right S1 nerve root in the lateral recess with mild impression of both L5 nerve roots in the neuroforamen.

Electrodiagnostic studies from revealed that as of the applicable date of June 5, 2008, that there was an acute ongoing bilateral L5 and left S1 radiculopathy.

A Letter of Appeal dated July 27, 2009, from Neurosurgical Institute documented that the "findings on the imaging studies including the spondylolisthesis at L4-L5 indicate clinically significant instability at these levels that necessitate the spinal fusion that was requested…"

A Designated Doctor Examination on July 2, 2008, revealed that at that time the patient was not at Maximum Medical Improvement as per the chiropractor, Dr.

On October 22, 2008, Dr. noted an impression of radiculopathy and a bulge at L4-L5, radiculopathy, and an HNP at L5-S1. It also documents that the patient was not at Maximum Medical Improvement.

Notes from the Institute dated June 6, 2009, revealed that the diagnoses were that of disc herniation at L4-L5 and L5-S1 with left L5 radiculopathy and bilateral S1 radiculopathy.

A Designated Doctor Evaluation on June 27, 2009, revealed that the patient was felt to have an abnormal neurological examination as documented, along with positive electrodiagnostic studies including that of left-sided radiculopathy at the S1 level. The patient was not felt to be at Maximum Medical Improvement.

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

The submitted documentation does not meet the *Official Disability Guidelines'* section with regards to fusion criteria. Within those guidelines, as referenced below, typically not only must all pain generators be identified, but for fusion in particular instability must be documented. Just the existence of spondylolisthesis at one level as noted above does not in itself represent evidence of an unstable spine. A more definitive evidence of instability at the spine would be based on a careful assessment of flexion-extension films.

The patient has not had documented evidence of flexion-extension films demonstrating instability at either the level of spondylolisthesis at L4-L5 or at the L5-S1 level. In other words, neither L4-L5 nor L5-S1, the levels considered for decompression or fusion, has had reasonable documentation of instability that would warrant other than decompression. Although a portion of the proposed surgical procedures, including laminectomy with decompression, would appear to be reasonably required, there is not reasonable documentation available at this time that would support the entirety of the procedures; (that is an L4-L5 lumbar laminectomy and fusion), as being at all medically reasonable and/or necessary as per the *Official Disability Guidelines*, which do not at this time evidence instability at either of those levels.

At this time, therefore, the proposed surgical procedures and the associated hospitalization with a length of stay of three days, therefore, would not appear to be medically at all reasonably required

This reviewer's opinions have been based on clinical experience and both the *Official Disability Guidelines* web-based guidelines and *The American College of Occupational and Environmental Medicine,* Second Edition, practice guidelines, from the chapters related to the low back, including the section on Special Studies, Diagnostics, and Treatment. In *The American College of Occupational and Environmental Medicine* guidelines, chapter 4, Work-Relatedness and Causation; and chapter 6, Pain, Suffering, and the Restoration of Function were reviewed, including the sections on Acute and Chronic Pain Management, End Points and Outcomes, and the Summary.

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)**