

SENT VIA EMAIL OR FAX ON
Oct/19/2009

Pure Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Oct/16/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar Laminectomy, Discectomy, Arthrodesis with Cages, Posterior Instrumentation, and Implantation of a Bone Growth Stimulator at L2-3-4-5 S1 under Anesthesia and 2 day Inpatient Stay

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Surgeon

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)

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male injured on xx/xx/xx lifting and bending. A 01/09/09 MRI of the lumbar spine showed L2-3 moderate loss of disc height with modic changes and a broad based protrusion. At L3-4 there was severe loss of disc space height with modic changes, a protrusion to the left and facet hypertrophy. There was L4-5 mild loss of disc height with facet hypertrophy and bilateral lateral recess stenosis. At L5-S he had moderate loss of disc height with a large disc protrusion/extrusion into the right lateral recess of S1; this and facet hypertrophy caused lateral recess stenosis on the right.

A 02/16/09 EMG was suggestive of right S1 radiculopathy. There was early poly neuropathy but no focal compression.

The claimant was seen on 05/14/09 by Dr. for moderately severe low back pain and right leg paresthesia. Two injections had been of no benefit. On examination, he had decreased motion, positive straight leg raise and decreased sensation in right L5-S1. There was also and absent right ankle reflex. The claimant was given medications and referred to Dr..

On 05/22/09 Dr. saw the claimant for an MMI evaluation. His examination documented a normal neurological evaluation. His impression was a back sprain and degenerative changes. The claimant was felt maximally recovered with a five percent partial impairment.

The claimant was seen on 06/17/09 by Dr. for low back and right leg pain. Dr. felt x-rays show multilevel segmental instability: L2-3 retrolisthesis of 7 millimeters (mm) in extension; L3-4 retrolisthesis 9 mm in extension; L4-5 extension angle 21 degrees with facet subluxation and foraminal stenosis; L5-S1 retrolisthesis 9mm in extension. He had positive spring test at L4-5 and L5-S1; positive sciatic notch test bilaterally; positive Fortin on the right, extensor lag, flip test bilaterally, Lasègue's bilaterally, and Bragard's on the right. There was a decreased ankle jerk on the right and absent posterior tibial jerk. Paresthesia L5-S1 on the right was documented and he had weakness of the right gastrocnemius. The impression was multilevel instability. Surgery was discussed but the claimant wished to try work conditioning.

On the 06/18/09 visit with Dr. examination findings were unchanged. The claimant was seen on 8/11/09 by Dr. He had not improved and surgery was discussed. The claimant had an 08/25/09 Behavioral Health evaluation and was found to be an appropriate candidate for surgery.

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

This would appear to be a case of widespread degenerative disc change. Electrodiagnostics revealed only one sided one level changes. These were "suggestive" but not confirmatory of neurologic compromise. Medications and physical therapy have apparently not helped subjective symptoms. There are no flexion and/or extension studies to suggest frank instability.

When one turns to the ODG guidelines, there are definitely aging changes but these cannot be deemed "progressive" with only a single imaging study. There is no frank instability. The spine pathology is definitely not limited to two levels. These are issues, which would not favor fusion under the ODG guidelines.

From a practical standpoint, a four level fusion is a tremendous surgical undertaking removing 80% of the motion segments from the lumbar spine and definitely exposing the remaining motion segment to tremendous increased stresses. The chance to achieve long-term satisfaction from this procedure would certainly appear minimal. Based on the guidelines as outlined above, the Reviewer would not be able to recommend the proposed intervention as 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 KNOWLEDGBASE

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)