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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/01/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient Lumbar surgery to include: revision of lumbar spine surgery L4/5, removal of hardware, removal of displaced cages, decompression, descectomy L3/4, L5/S1, arthrodesis with cages, posterior instrumentation, and implantation of bone growth stimulator L5/S1

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

L/S MRI, 7/8/08 L/S

7/8/09 Flex /Ext films, 07/08/09

Office notes, Dr. , 10/22/08, 12/18/08

L/S X-rays, 11/19/08

CT L/S, 11/19/08

Office notes, Dr. , 7/20/09, 07/21/09

Peer review, 07/30/09, 08/05/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a xx-year-old male who sustained multiple injuries on xx/xx/xx when a forklift fell on him. The claimant sustained a crushing injury to both legs, a fractured jaw, and upper extremity injuries along with lower back complaints. He subsequently underwent anterior, posterior lumbar fusion at L4-5 with instrumentation. Back pain and lower leg pain and weakness, left greater than right, persisted. An office visit on 10/22/08 with Dr. noted a

diagnosis of L4-5 pseudoarthrosis, L5-S1 disc protrusion with posterior annular tear, bilateral S1 radiculopathy and left lower extremity S1 motor weakness.

Lumbar flexion /extension films on 11/19/08 noted questionable lucency along the L4 pedical screws and a small vacuum phenomenon between the anterior implants and the inferior endplate of L4. There was some retrolisthesis of two millimeters in extension and in anterolisthesis in flexion at T12-L1, two millimeters retrolisthesis and anterolisthesis in extension and flexion at L1-2 and two millimeters anterolisthesis in flexion at L3-4. No segmental instability was noted at L4-5.

Lumbar CT on 11/19/08 noted incomplete incorporation of the anterior bone graft and L4-5 with inferior endplate of L4, There was a pseudoarthrosis through the L4-5 posterior fusion mass and a stress fracture through the left L5 lamina. At L5-S1, a broad based disc bulge and left sided intraforaminal disc bulge or herniation caused impression on both the right S1 nerve root and the exiting left L5 nerve root. There was moderate multifactorial central canal stenosis due to annular disc bulge at L3-4. Dr. reviewed the CT scan and lumbar x-rays and noted a possible stress fracture on the left L3 pars with moderate canal stenosis, pseudoarthrosis L4-5 with left segment retropulsion and multilevel instability. Fusion surgery was discussed and per-operative psychometric testing was advised.

Recent examination on 07/21/09 with Dr. noted marled paravertebral muscle spasm with positive extensor lag, positive bilateral sciatic notch tenderness, left greater than right and decreased left knee and ankle reflexes with absent posterior tibial tendon reflexes bilaterally. Motor testing noted weakness in the left gastro-soleus, extensor hallucis longus and tibialis anterior. There was some paresthesia in L4, L5 and S1 nerve distribution on the left. Dr. 's impression of the previous MRI noted intertransverse lateral arthrodesis with cage displacement L4-5 , contained disc herniation at L3-4 with a stage II annular herniation , disc desiccation and spinal stenosis with contained disc herniation with annular protrusion , disc desiccation and spinal stenosis at L5-S1. The impression was failed lumbar spine syndrome with adjacent segment disease L3-4 and L5-S1, displaced interbody cage at L5-S1 (?) with nerve root impingement. The recommendation was hardware removal, correction of the displaced cage at L4-5, decompression and discectomy L3-4, decompression discectomy and arthrodesis L5-S1.

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

The revision of displaced hardware at L4-5 is certainly an understandable recommendation. There would appear to be pseudoarthrosis as well. However, the role of moderate stenosis at L3-4 is unclear. Modification cannot be discussed. There is no documentation of psychosocial screening. There is no documentation of the smoking status of this patient or of smoking cessation counseling as needed. As presented by records alone, the Reviewer would be unable to recommend the proposed procedure as medically necessary.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 updates, Low Back , Fusion

After screening for psychosocial variables, outcomes are improved and fusion may be recommended for degenerative disc disease with spinal segment collapse with or without neurologic compromise after 6 months of compliance with recommended conservative therapy.

Patient Selection Criteria for Lumbar Spinal Fusion

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 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)