

SENT VIA EMAIL OR FAX ON
Mar/29/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Removal of Lumbar Vertebral Body @L5/S1; Axia Interior Lumbar Fusion @L5/S1; Insert Spinal Fixation Device; Lumbar Spine Autograft; Electrical Bone Stimulation; Lumbar Discectomy @ L5/S1, Insert Lumbar Spine Fixation Device; Inpatient Hospitalization 3 days

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

Board Certified Orthopedic Surgeon, Practicing Neurosurgeon

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

1. Clinical records dated 02/14/11, 02/08/11, 01/18/11
2. Designated doctor evaluation dated 01/10/06
3. Report of medical examination dated 01/02/08
4. Clinical records Dr.
5. Clinical records Dr.
6. Clinical records Dr.
7. Clinical records, PA-C
8. Radiographic report lumbar spine dated 02/14/11
9. MRI lumbar spine dated 02/02/10
10. Radiographic report dated 01/18/11
11. Impairment rating dated 10/22/07
12. Radiographic report chest dated 02/10/06
13. Lumbar myelogram dated 02/10/06
14. Behavioral health evaluation dated 09/27/05

15. Radiographic report chest dated 05/20/06
 16. Lab reports
 17. EKG
 18. Operative report dated 04/11/07
 19. Utilization review determination dated 02/22/11
 20. Utilization review determination dated 03/02/11
 21. IRO review summary dated 03/15/11
- RSL Group 4/14/05 thru 3/16/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a XX-year-old male who is reported to have sustained work related injuries in XX/XXXX. He was lifting some heavy boxes when he injured his back and suffered a hernia. He was initially seen at a medical center and then seen by Dr. and treated with physical therapy and medications. He underwent herniorrhaphy in 2007 and subsequently came under the care of Dr.. He ultimately was taken to surgery and underwent lumbar laminectomy at L5-S1 performed on 04/11/07. The claimant subsequently came under the care of Dr.. On physical examination he is noted to be X'X" and weigh XXX lbs. On examination dated 01/18/11 his patellar reflexes are 2+ and symmetric. His Achilles reflex is absent on right and normal on left. He ambulates with a right antalgic gait utilizing a cane. He has lumbar tenderness. He has enlarged abdominal girth. He has painful decreased lumbar flexion. Straight leg raise elicits back pain, but positive right straight leg raise eliciting right leg pain on the right. Sensory exam reveals numbness in both feet but no significant numbness proximally. His motor strength is more or less symmetric. MRI of lumbar spine dated 02/02/10 indicates disc desiccation at L2-3, L3-4 and L5-S1. There is posterior protrusion at L5-S1 extending into both foramina, right worse than left. The L4-5 disc signal looks more or less normal. The claimant is opined to have failed laminectomy syndrome at L5-S1 with residual right L5 neurogenic claudication and residual right S1 radiculopathy. The claimant was subsequently seen in follow-up on 02/08/11 with complaints of back pain 9/10 with no significant change in physical examination. On 02/14/11 the claimant was seen in follow-up. At this time Dr. reported x-rays of the lumbar spine including flexion / extension views demonstrated instability on flexion / extension. Forward flexion is reported to demonstrate a 5 mm anterior spondylolisthesis at L5-S1, which is reported to reduce on extension. Dr. subsequently recommends the claimant undergo an AxiaLIF procedure. It is reported he has been on anti-inflammatories and participating in activity modification.

On 02/25/11 the request was reviewed by Dr., an orthopedic surgeon. Dr. notes that the injured employee has continued complaints of back pain and that in 2006 it was previously recommended that the injured employee undergo a fusion, which subsequently was denied under the IRO process. He notes that the injured employee continues to have low back pain with degenerative changes on MRI dated 02/02/11. He notes that Dr. reports that there's 5mm of flexion extension instability at the L5-S1 level. However there are no independent radiographs and as such he's noted that the injured employee is at high risk for a bad outcome.

On 03/09/11 the request was reviewed by Dr.. Dr. notes the injured employee's history and no peer to peer contact was made. He reports that there is no basis to alter or amend the prior adverse determination.

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

The submitted clinical records do not establish the medical necessity for the request for removal of lumbar vertebral body at L5-S1; Axia anterior lumbar interbody fusion at L5-S1; insertion of spinal fixation device; lumbar spine autograft; electrical bone stimulation; lumbar discectomy at L5-S1, insertion of lumbar spine fixation device; with three day inpatient stay. The records indicate that the injured employee has a chronic history of low back with

radiation to the lower extremities. He has previously undergone an L5-S1 discectomy with no sustained improvement. Records indicate that the injured employee has multilevel degenerative changes on MRI. The records do not provide any data establishing the failure of conservative care in between the claimant's previous surgery and the current request. It is further noted that the records do not provide any independent radiographic report, which establishes that the injured employee has 5mm or more of translation at the L5-S1 level. It would further be noted that the records do not establish the failure of interventional procedures such as lumbar epidural steroid injections and the presence of a radiculopathy. Further current evidence based guidelines require that all patients undergoing lumbar fusion be referred for a pre-operative psychiatric evaluation to address any potentially confounding issues which would impact their recovery. The claimant is further identified as being morbidly obese and would be considered a poor surgical candidate. In the absence of sufficient documentation to establish the failure of all conservative treatment noting that there is no independent verification of instability at the L5-S1 level and given the injured employee has not undergone pre-operative psychiatric evaluation the request for surgical treatment is deemed not medically necessary. The previous denial is upheld.

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)