

SENT VIA EMAIL OR FAX ON Apr/14/2011
Independent Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/12/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpt. Lumbar Laminectomy w/fusion instrumentation Lft. L5-S1 1 day LOS; Dme bone fusion stimulator; Dme TLSO back brace

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

Board Certified Neuro 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

1. Operative report dated 06/12/06
2. Clinical records Dr.
3. MRI of the lumbar spine dated 12/13/10
4. Procedure report lumbar myelogram dated 02/11/11
5. Report lumbar myelography dated 02/11/11
6. Post-myelogram CT dated 02/11/11
7. Utilization review determination dated 03/01/11
8. Utilization review determination dated 03/17/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who is reported to have sustained work related injuries on xx/xx/xx. On this date he twisted his back and had the onset of severe right leg pain. He was later found to have a right L5-S1 herniated disc and subsequently was taken to surgery by Dr. on 06/12/08 undergoing a left hemilaminotomy at L5-S1. These records indicate that the injured employee had a left S1 radiculopathy with pain syndrome and a positive EMG for S1 and EMG and CT scan showing the absence of filling of the left S1 nerve root.

On 08/12/10 the injured employee was seen by Dr.. It's reported that the injured employee is back at work but not doing any heavy work. He's reported to have severe mechanical pain in the lumbar spine radiating into the bilateral hips and leg pain worse on the left. He has numbness, dysesthesias and a feeling of weakness in the legs. He has previously undergone chiropractic treatment by DC. He is currently taking Hydrocodone. Radiographs are reported to show multilevel lumbar disc disease. On physical examination he's noted to be 5'9" tall, weighs 180 pounds. He has a well healed lumbar incision. He walks with a flexed posture at the low back. There is a loss of lumbar lordosis. He has paralumbar muscle tightness. He's tender over both sciatic outlets mainly on the left. He has a slightly left antalgic gait. He has a little weakness of the left foot and great toe plantar flexion and dorsiflexion. He has decreased sensation down the lateral aspect of the left leg into the

dorsum of the lateral foot. Straight leg raise is reported to be positive at 45 degrees on the left and 60 degrees on the right. There's no pain with hip rotation. The injured employee was provided prescriptions for oral medications.

On 12/13/10 the injured employee was referred for MRI of the lumbar spine. This study reports post-operative changes at S1. This report notes an annular bulge asymmetrically greater to the left from paracentrally and moderately extending into the neural foramen with mild neural foraminal stenosis. He has moderately severe bilateral hypertrophic facet osteoarthritis. Ferromagnetic artifact is present posteriorly from L4 to S1. The injured employee's felt to have post-operative changes at S1. Clinical correlations recommended relative to the timing of this procedure as soft tissue edema appears to be persistent. There is degenerative disc disease, mild spondylosis, and neural foraminal narrowing and facet arthritis. There is an anterolateral nuclear herniation of the left at L3-4. The injured employee subsequently was seen in follow up by Dr.. The injured employee underwent lumbar myelography on 02/11/11. This study reports mild to moderate anterior extradural defects present at L1-2, L2-3, L3-4, L4-5 and L5-S1. Upright lateral views in flexion extension demonstrate the vertebral bodies maintain their alignment in flexion and extension. There is a right sided extradural defect causing impingement upon the right nerve root sleeve at L1-2. A post-myelogram CT notes multilevel asymmetric mild and broad based bulging. There is evidence of mild stenosis at multiple levels without evidence of neural compromise in particular at L5-S1 there's asymmetric bulging of the disc with mild encroachment on the right neural foramen and right anterolateral aspect of the dural sac with moderate encroachment upon the left anterolateral aspect of the dural sac and left neural foramen. The injured employee was subsequently seen in follow up on 02/17/11 at which time he's noted to have very severe left leg pain with radiation down into the lateral calf and plantar surface of his foot. Straight leg raise is reported to be positive at 30 degrees. He has an absent left ankle reflex. He is reported to have weakness of the left foot and great toe on plantar flexion. He has decreased sensation in the left S1 dermatome. CT scan showed multilevel disc pathology with a reported very large disc extrusion on the left at L5-S1. He's had previous surgery with absent L4 and L5 spinous processes and is reported to be incapacitated by his pain. He's reported to have a very typical left S1 radiculopathy with very positive diagnostic studies. He subsequently wants to proceed with surgery consisting of a left L5-S1 exploration with root decompression and possible interbody cage and posterolateral fusion. On 03/01/11 this request was reviewed by Dr. Dr. non-certifies the request and indicates that the injured employee does not demonstrate a progressive neurologic deficit that most recent CT evaluation did demonstrate mild encroachment of the right and moderate encroachment of the left neural foramina. It's noted that the injured employee has been maintained on medications. However there is no clinical information regarding recent conservative treatments, no psychological evaluation and therefore the request is non-certified. This was subsequently appealed and reviewed on 03/17/11 by Dr. Dr. notes that the previous non-certification occurred due to a lack of documentation regarding conservative treatments. Dr. notes there is no x-ray evidence of spondylosis or spondylolisthesis. Treatment has included medication and psychotherapy. He reports there's no evidence of instability. He subsequently recommends against surgical intervention.

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

The submitted clinical information indicates that the injured employee sustained an injury to his low back as a result of work related activity on xx/xx/xx. Per the historical records and operative report the injured employee underwent a left sided hemilaminotomy at L5-S1. The injured employee is reported to have undergone extensive conservative treatment consisting of oral medications and physical therapy and chiropractic treatment. The records do not include any supporting documents. It would be noted that on 08/12/10 the injured employee is reported to have had severe right lower extremity pain with a right L5-S1 disc leading to a right L5-S1 laminectomy. Per the operative report dated 06/12/06 the injured employee underwent a left facetectomy/laminectomy. The injured employee is reported to have mechanical back pain radiating into the hips and the legs worse on the left. On 12/13/10 the injured employee underwent MRI of the lumbar spine which showed post-operative changes

at L5-S1. It's noted that the lamina and spinous process are absent. At L5-S1 there's an annular bulge that's asymmetric greater to the left from paracentrally and laterally extending into the neural foramina with mild neural foraminal compression. The injured employee subsequently underwent CT myelography on 02/11/10. This study notes no nerve root filling defects. There are degenerative changes as noted. There's an asymmetrical bulge causing mild encroachment in the right neural foramen and moderate encroachment in the left at L5-S1. This is reported by Dr. to be a very large disc extrusion which is not evidenced in the MRI or myelography report. The injured employee was subsequently recommended to undergo decompression with posterolateral fusion. The data as provided does not indicate that the injured employee meets Official Disability Guidelines for the performance of a fusion procedure. First there are clearly issues in the clinical records with regard to the injured employee's symptoms and the injured employee has previously undergone surgery on the left at L5-S1 on 06/12/06. When later seen by Dr. on 08/12/10 this is reported to have been a right sided procedure. There is no evidence in the clinical records that the injured employee has exhausted all conservative treatment including epidural steroid injections in the interval period between surgeries. There's no evidence of instability on any imaging study. There is no indication that the injured employee has been referred to pre-operative psychiatric evaluation and has been cleared to undergo the requested surgical intervention. Based upon the available data the request would not meet ODG guidelines and therefore the previous utilization review determinations are 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)