

I-Resolutions Inc.

An Independent Review Organization

8836 Colberg Dr.

Austin, TX 78749

Phone: (512) 782-4415

Fax: (512) 233-5110

Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/25/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L3/L4/L5/S1 Revision of Lumbar Spine surgery; L4-5 Hardware removal; L3-4, L5-S1 Arthrodesis with cages; L5-S1 Posterior Instrumentation with 2 day inpatient stay

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

M.D., 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

08/05/09 CT lumbar spine report

10/04/10 X-ray lumbar spine report

10/04/10 office note

10/05/10 Dr. office note

11/04/10 MRI lumbar spine report

12/02/10 Dr. office note

Records of Dr. 01/24/11, 01/25/11, 02/07/11

Official Disability Guidelines

Peer reviews 02/14/11, 02/25/11

PATIENT CLINICAL HISTORY SUMMARY

This is a XX-year-old male with a date of injury of XX/XX/XX after lifting several boxes and injuring his low back. The claimant is status post lumbar surgeries in 2007 and 2009. The 08/05/09 CT of the lumbar spine showed status post fusion surgery at L4-5 and mild spondylosis above and below the level of the fusion without significant stenosis. The x-rays of the lumbar spine from 10/04/10 showed L4-5 laminectomy, discectomy, intervertebral body fusion graft and placement of posterior pedicle screws. There was no evidence of fracture, loosening or infection. The MRI of the lumbar spine from 11/04/10 showed at L3-4 there was a 3.0-millimeter disc bulge which flattened the thecal sac without canal stenosis or focal disc herniation. At L4-5, there was a bilateral laminectomy with posterior interbody fusion and internal fixation. Postoperative scar encircled the thecal sac. There was no canal stenosis or recurrent disc herniation. There was mild foraminal narrowing. At L5-S1, there was an annular disc bulge without focal disc herniation or foraminal encroachment. Dr. performed a designed doctor's examination on 12/02/10. The diagnosis was lumbar sprain. No further treatment was recommended. On 01/24/11, Dr. reviewed the MRI and stated it showed post op changes at L4-5 with pedicle screws and interbody fusion with scar tissue versus a recurrent herniated nucleus pulposus. At L3-4 and L5-S1 he demonstrated adjacent segment disease with annular herniation, nuclear protrusion, disc desiccation with T2 weighted image changes and spinal stenosis. Dr. saw the claimant on 01/25/11 for low back pain and left leg pain. The examination revealed mild paravertebral muscle spasm, positive extensor lag and positive sciatic notch tenderness bilaterally worse on left. There was a positive flip test bilaterally, positive Lasègue on left at 45 degrees, contralateral positive straight leg raise on right at 75 degrees with pain through out the back and left lower extremity and positive bragard on the left.

There was a decreased knee jerk and ankle jerk on the left, absent posterior tibial tendon jerks bilaterally, mild weakness of the gastrocnemius soleus and extensor hallucis longus on the left with paresthesias in the L5 and S1 nerve root distribution on the left. X-rays of pelvis and hips that day showed no degenerative joint disease and sacroiliac joints without sclerosis. X-rays of the lumbar spine that day including flexion and extension views showed an L4-5 decompression with pedicle screws and an EBI Spinelink II system with interbody arthrodesis with no motion. There was a functional spinal unit collapse at L5-S1 only to 6 millimeters for a total collapse of 10 millimeters with anterior column lack of support, functional spinal unit collapse, associated with posterior column lack of support with facet subluxation, foraminal stenosis and lateral recess stenosis. Dr. stated it was at L5-S1 only and L3-4 was within normal limits. Dr. stated it demonstrated a clinical instability pattern at L5-S1 only. The diagnoses were failed lumbar spine syndrome with adjacent segment disease and failure of conservative treatment. Dr. recommended discography at L3-4 and L5-S1, which was denied. On 02/07/11, Dr. recommended surgery.

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

The requested L3/L4/L5/S1 Revision of Lumbar Spine surgery; L4-5 Hardware removal; L3-4, L5-S1 Arthrodesis with cages; L5-S1 Posterior Instrumentation with 2 day inpatient stay is not medically necessary based on the information reviewed.

The MRI of the lumbar spine from 11/04/10 only showed a 3-millimeter disc bulge without canal stenosis or focal disc herniation. The claimant otherwise had postoperative changes with no canal stenosis or recurrent disc herniation. The claimant reportedly has multiple diminished knee reflexes and reports of mild weakness of the left gastrocnemius soleus and extensor hallucis longus. However, this does not correspond with neurocompressive pathology according to the report of the MRI of 11/04/10. A prior CT scan from 08/05/09 documented that the prior fusion at L4-5 had healed in a solid fashion. Neither the new MRI nor the old CT scan documented instability at other levels or significant stenosis. It is not clear that there is objective evidence of sufficient pathology to support the requested surgical procedure. It is not clear if the claimant has neurocompressive pathology to justify the reported radicular symptoms. Further fusion of the spine cannot be justified as medically necessary on the basis of the claimant's back pain and the objective imaging findings noted without instability. Furthermore, it is not clear if this claimant has received any type of psychosocial screen, which is generally required before lumbar spine fusion surgery in the absence of instability. For all of these reasons, the requested surgery (L3/L4/L5/S1 Revision of Lumbar Spine surgery; L4-5 Hardware removal; L3-4, L5-S1 Arthrodesis with cages; L5-S1 Posterior Instrumentation with 2 day inpatient stay) is not medically necessary based on the information provided.

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
- AHCPH-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)