

SENT VIA EMAIL OR FAX ON
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Applied Assessments LLC

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:

L3/4,L4/5, L5/S1, TLIF, PSF L3-S1 and Spinal Monitoring

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 03/16/11, 01/13/11, 12/09/10, 11/11/10, 09/30/10, 09/16/10, 09/02/10, 09/06/10, 05/12/10, 03/25/10
2. Lumbar discography dated 06/08/10
3. Lumbar discography dated 04/27/10
4. MRI of the lumbar spine dated 11/20/09
5. MRI of the thoracic spine dated 11/20/09
6. Clinical records.
7. EMG/NCV study dated 11/01/10
8. Clinical records.
9. Pre-surgical psychological evaluation dated 04/09/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a XX-year-old female who is reported to have sustained work related injuries to low back on XX/XX/XX. On this date she lifted a heavy load and subsequently developed low back pain. She is reported to have initially been evaluated at local emergency department for mid back pain and abdominal pain and shortness of breath. Thoracic and lumbar radiographs were reported to be unremarkable. She subsequently came under the care of chiropractor. She was later referred for MRI of thoracic and lumbar spine, which was performed on 11/20/09. MRI of lumbar spine notes at L3-4 a 3-4 mm right paracentral discal substance protrusion and herniation, which mildly indents the thecal sac. At L4-5 there is a left paralumbar annular tear 4-5 mm discal substance protrusion and herniation mildly to moderately indenting the thecal sac. At L5-S1 there is posterior central discal substance protrusion or herniation of 4-5 mm mild to moderately indenting the thecal sac. Records indicate the claimant underwent EMG/NCV study on 11/01/10. This study notes evidence of increased activity in the bilateral upper lumbar paraspinal musculature with 2+ fibrillations suggesting L2 or L3 radiculopathy with no findings at L4-5 or S1. Records indicate the claimant has undergone a protracted course of conservative treatment. She underwent one epidural steroid injection without any significant improvement. She subsequently underwent a psychological evaluation, which cleared the claimant to undergo lumbar discography. This was performed on 04/27/10 at L3-4, L4-5 and L5-S1 and subsequently reported as concordant at L3-4, L4-5 and L5-S1. The claimant subsequently underwent a second lumbar discogram performed on 06/08/10 in which the L1-2 and L2-3 discs were tested. She is

reported to have concordant pain at L2-3 with negative control at L1-2. The claimant was continued under the care of Dr.. She subsequently was recommended to undergo interbody and posterior fusion at L3-4, L4-5 and L5-S1. This request apparently underwent utilization and was not approved per Dr. notes. It is noted the claimant is XX inches tall and weighs XXX lbs with BMI of 43.35. The most recent documented physical examination is dated 03/16/11. She is noted to have nearly normal range of motion. She has a slow guarded gait. She is able to heel / toe walk. Motor strength is 5/5 in lower extremities. Reflexes in lower extremities are absent bilaterally. Sensory is reported to be decreased in the right leg. Straight leg raise is negative. She is again recommended to undergo surgical intervention.

The case was originally reviewed on 12/22/10 by Dr. who is board certified in neurosurgery. Dr. notes that the injured employee had a simple lifting injury and the destruction of four motion segments by that which is described, as the cause of her pathology is impossible to have occurred. Additionally the injured employee is X'X" and over XXX pounds and the likelihood of a three level fusion having success approaches 0%.

A subsequent request was reviewed by Dr. on 02/11/11 in which Dr. reports that ODG guidelines do not allow for lumbar fusion for more than two levels of pathology.

The case was reviewed on 02/24/11 by Dr. who notes that ODG does not support fusion of the lumbar spine in the absence of instability and therefore fusion would not be supported. He further notes that ODG limits fusions to two levels and that the clinician is requesting three.

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 L3-4 L4-5 L5-S1 TLIF, PSF L3 through S1 and spinal monitoring. The submitted clinical records indicate that the injured employee initially sustained an injury to her low back as a result of lifting a heavy load. The records indicate that the injured employee has undergone extensive conservative treatment, which has included oral medications, physical therapy, and epidural steroid injection without relief. The injured employee was ultimately referred for a lumbar discography in which she was positive at three levels. She subsequently was returned for a second study, which incorporated the L1-2 L2-3 levels. It's reported that the L1-2 disc was negative under control and L2-3 resulted in concordant pain. The submitted records would then suggest that the injured employee has discogenic pain at four levels. The proposed procedure is only intended to address three of these issues, which would continue to leave the injured employee with axial back pain. It is further noted that the records do not contain lumbar flexion extension radiographs to establish instability at any of the requested levels. The injured employee has not recently undergone pre-operative psychiatric evaluation, which would be very pertinent in this particular case noting that the injured employee is reported to have concordant pain at four levels.

Noting that the injured employee has four levels of pathology that would not be addressed by the proposed surgical intervention, no recent psychological evaluation, no evidence of instability, the request is not medically necessary and the previous 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)