SENT VIA EMAIL OR FAX ON
Aug/17/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Inpatient Posterior Lami Fusion L4-S1 with Left TLIF L4-5, L5-S1

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Neurosurgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
1. Fax cover sheet dated 06/06/11
2. Request for IRO dated 07/28/11
3. EMG/NCV study dated 01/23/09
4. Psychiatric evaluation dated 06/08/09
5. MRI lumbar spine dated 12/13/10
6. Clinic note Dr. dated 12/20/10
7. Psychiatric evaluation dated 02/17/11
8. MRI of lumbar spine dated 12/12/08
9. Physical therapy progress notes
10. Utilization review determination dated 05/19/11
11. Utilization review determination dated 06/30/11
12. Utilization review referral form dated 07/15/11
13. Utilization review referral form dated 05/16/11
14. Utilization review referral form dated 01/10/11

PATIENT CLINICAL HISTORY SUMMARY
The injured employee is a male who is reported to have sustained work related injuries to his low back on xx/xx/xx. The record contains an MRI of lumbar spine dated 12/12/08 which notes a moderate left sided disc herniation at L5-S1 with compression of left S1 nerve root with a moderate prominent left sided disc herniation at L4-5 with compression of the thecal sac and left L5 nerve root. The record includes EMG/NCV study performed on 01/23/09 which was found to be consistent with left L5 radiculopathy. On 06/08/09 the claimant underwent a preoperative psychological evaluation. It is reported the claimant provided valid results on psychiatric testing and was cleared for surgery.

On 12/13/10 the claimant was referred for repeat MRI of lumbar spine. At L4-5 there is an 11x8 to 9 mm posterior focal central left paracentral disc protrusion without extrusion but with impression upon the thecal sac and displacing downward slightly the exiting left nerve root of L5. There is hypertrophy of the posterior ligamentum flavum and synovium and retrospective articular facets with minimal to mild degree of secondary central canal stenosis. At L5-S1 there is evidence of second posterolateral left paracentral disc protrusion with some degree of extrusion with impression upon the thecal sac displacing downward the exiting left S1 nerve root. There is secondary hypertrophy of the posterior ligamentum flavum and synovium with respect to articular facets resulting in mild degree of central spinal canal stenosis.

On 12/20/10 the claimant was seen by Dr.. He is reported to have low back pain radiating into his left posterior leg into great toe. He is reported to have associated left leg weakness that gets worse with walking. Current medications include Lyrica, Lortab, and Amrix. On physical examination he is reported to be 6’3” tall and weighs 260 lbs. He has tenderness at L4-5 and L5-S1. Left knee flexion / extension and EHL are graded as 4/5. Sensation is diminished in left L4-5 distribution. The claimant was subsequently offered a posterior L4-S1 laminectomy and fusion with left L4-5, L5-S1 TLIF. It is opined that just performing a posterior lumbar decompression laminectomy will not improve his back pain.

An updated preoperative psychiatric evaluation was performed on 02/17/11. The claimant was cleared for surgery.

On 05/19/11 the initial review was performed by Dr.. Dr. non-certified the request.

A subsequent appeal request was performed by Dr. on 06/30/11. Dr. notes there is an adverse determination on previous review. He noted there was lack of documentation of recent objective physical examination submitted for review to rule out radiculopathy or failure of conservative treatment and official lumbar x-rays with flexion / extension views were not provided. He noted there is no recent documentation of associated clinical findings such as loss of relevant reflexes, muscle weakness or atrophy, loss of sensation in imaging showing instability, and therefore, medical necessity is not established.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The request for inpatient posterior laminectomy, fusion L4-S1 with left TLIF L4-5 and L5-S1 is not supported by the submitted clinical information, and the previous utilization review determinations are upheld. The submitted clinical record provides limited data indicating that the claimant has a greater than 2 year history of low back pain with radiation into the left lower extremity correlated with imaging studies and electrodiagnostic studies. The record provides insufficient data establishing failure of conservative treatment. It is reported that the claimant had between 12-21 sessions of physical therapy; however, there is no supporting documentation. Additionally, it would be noted that the claimant has no evidence of instability on imaging studies necessitating the performance of fusion procedure. The record does not indicate the claimant has undergone interventional procedures to address his active lumbar radiculopathy. Based on the clinical information provided, the request for surgery did not meet ODG guidelines, and as such, the prior determinations were appropriate and upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL

BASIS USED TO MAKE THE DECISION

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES