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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/12/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L5-S1 Anterior lumbar interbody fusion with three days length of stay

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

MD, Board Certified Neurological 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

Official Disability Guidelines – Treatment for Workers' Compensation

Thoracic spine MRI without contrast dated 02/23/10

MRI lumbar spine without contrast dated 02/23/10

Office notes and physical therapy treatment records dated 03/25/10-06/29/11

Procedure report right and left L5 transforaminal epidural steroid injection, lumbar epidurography, fluoroscopic guidance, and interpretation of plain films dated 06/03/10

Procedure report right and left L5 transforaminal epidural steroid injection, lumbar epidurography, fluoroscopic guidance, interpretation of plain films, and MAC sedation dated 08/31/10

Designated doctor evaluation dated 11/11/10

Initial diagnostic screening / presurgical screening dated 05/09/11

Notification of adverse determination ALIF @ L5-S1 LOS x 3 days dated 06/06/11

Response to denial letter dated 06/28/11

Notification of reconsideration determination appeal ALIF @ L5-S1 LOS 3 days dated 07/14/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate he injured his lower back while lifting cement bags weighing approximately 80 pounds. Treatment to date has included medications, physical therapy, and epidural steroid injections times two (06/03/10, 08/31/10) without significant improvement. MRI of the lumbar spine dated 02/23/10 revealed shallow broad based disc protrusion L3-4 without evidence of disc degeneration; L5-S1 disc desiccation with minimal disc height loss, posterior midline annular tear. There is a shallow broad based disc bulge present without descending or exiting nerve root impingement. Records indicate that repeat MRI was performed on 01/07/11, but no radiology report was submitted for review. This study reportedly showed annular tear at L5-

S1, loss of signal in the disc, mild loss of height, no nerve root compression. The injured employee was seen on 01/07/11. Physical examination reported antalgic gait. Muscle bulk and tone were normal. Motor strength was 5/5 in all major muscle groups of the upper and lower extremities. Straight leg raise was negative bilaterally. A pre-surgical psychological evaluation was performed on 05/09/11 and the injured employee was recommended to undergo three sessions of pre-surgical individual psychotherapy sessions and three sessions during the surgery process; however, the report never clearly indicated if the injured employee was cleared for surgical intervention.

A utilization review notice notification of adverse determination dated 06/06/11 determined non-authorization for anterior lumbar interbody fusion at L5-S1 with three day inpatient stay. It was noted that the injured employee complains of low back pain. Pertinent physical findings noted lumbar paravertebral tenderness left and right L2 through L5 with positive straight leg raise test. MRI scan of the lumbar spine showed annular tear at L5-S1, loss of signal in the disc, mild loss of height and no nerve root compression; however, the most recent radiologist analysis was not included for review. It was noted that the records reflected the injured employee had been treated conservatively with epidural steroid injections, oral medications and physical therapy, but the clinical information did not provide objective documentation of the injured employee's clinical and functional response from epidural steroid injections including sustained pain relief, increased performance and activities of daily living and reduction of pain in medication use. It was also noted there was no indication from the psychological evaluation that the injured employee was cleared for any surgeries.

A utilization review notification of reconsideration determination dated 07/14/11 determined non-certification of appeal anterior lumbar interbody fusion at L5-S1 with length of stay times three days. It was noted that medical record dated 06/19/11 showed persistent low back pain. The 05/09/11 diagnostic pre-surgical screening report identified an MRI dated 01/07/11 showed annular tear at L5-S1, loss of signal in the disc, mild loss of height, no nerve root compression; however, no formal report was provided for review. Treatment has included medications, epidural steroid injection and physical therapy. It was noted there was no documentation of associated clinical findings such as loss of relevant reflexes, muscle weakness and/or atrophy of appropriate muscle groups, loss of sensation in the corresponding dermatomes and a formal imaging report showing nerve root pathology and instability. Therefore medical necessity of the request was not substantiated.

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

This injured employee sustained a lifting injury to the low back on xx/xx/xx. He failed to improve with conservative care, which included medications, physical therapy, and epidural steroid injections. The official radiology report of MRI of the lumbar spine performed 01/07/11 was not submitted for review. This study was noted to show evidence of annular tear at L5-S1, loss of signal in the disc, mild loss of height, no nerve root compression. No flexion extension radiographs were provided with evidence of motion segment instability. The injured employee did undergo a pre-surgical psychological screening, but was recommended to undergo individual psychotherapy. There was no clear indication that the injured employee was authorized to or was determined to be an appropriate candidate for surgical intervention. There were no findings on physical examination of motor, sensory or reflex deficits. Based on the clinical data provided, the proposed surgical procedure of anterior lumbar interbody fusion at L5-S1 with three-day inpatient stay is not supported by the Official Disability Guidelines. The reviewer finds there is not a medical necessity for L5-S1 Anterior lumbar interbody fusion with three days length of stay.

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)