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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/25/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
For the lumbar spine, three-day inpatient stay with mini 360 decompression L3-5

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
D.O. 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
Official Disability Guidelines
Pre-authorization decision and rationale 07/06/11
Pre-authorization decision and rationale 07/15/11
Psychological evaluation 05/25/11
Orthopedic consultation 04/21/11
Radiology report 04/21/11
MRI lumbar spine without contrast 01/25/11
Office visit note 09/14/10 through 02/08/11
Functional capacity evaluation 03/24/04
Operative report 02/26/03
Follow up report 06/19/03
Physical therapy note 06/18/03
Initial evaluation 05/27/03
Office visit note 10/29/03
Progress notes 10/14/03 and 09/25/03
MRI lumbosacral spine without contrast 10/10/03
Procedure report 11/19/03
MRI lumbar spine 04/03/02
Operative report 10/16/02
Surgery scheduling sheet 04/21/11
Injured worker information 09/14/01
Patient profile 04/20/11
Lumbar spine four views 04/18/11
Peer review 05/04/09
Texas Workers' Compensation work status report 04/20/11

PATIENT CLINICAL HISTORY SUMMARY
The injured employee is a female whose date of injury is xx/xx/xx. The records indicate she felt a pull in her low back when lifting a box of apples. She complains of low back pain and left leg pain. She was treated conservatively with medications, physical therapy and epidural steroid injections without resolution of symptoms. MRI of the lumbar spine dated 01/25/11 revealed degenerative disc disease most conspicuous at L4-5 with moderate to severe facet arthropathy and ligamentum flavum hypertrophy contributing to moderate central canal stenosis and moderate to severe neural foraminal stenosis with abutment of the exiting L4 nerve root. There was minimal degree of levoscoliosis. Multilevel degenerative disc disease and disc displacement was noted resulting in severe multifactorial central canal stenosis most pronounced at L4-5 followed by the L3-4 level.

Lumbar spine x-rays including flexion extension views dated 04/18/11 revealed four lumbar type vertebral bodies with L5 being transitional, with no subluxations noted. After failing to improve with conservative care the injured employee was seen in consultation by Dr. with complaints of back pain and left leg pain. The injured employee states she can only walk about a block. On examination the injured employee was noted to be 5'3" tall and 206 pounds. Gait pattern was normal. She can stand on toes and heels without difficulty. Straight leg raise was negative. On the left side straight leg raise was slightly positive reproducing some back pain. Range of motion testing reported forward flexion down about to the knees, which causes pain as well as extension causing pain. There was negative log roll, stork test and Patrick/Faber test. Sensation was grossly intact. MRI scan was reviewed and noted to show L3-4 and L4-5 significant stenosis at both levels and instability. Dr. recommended decompression at L3-4 and L4-5 and surgical fusion. A psychological evaluation was performed on 05/25/11 and noted that while the injured employee's profile shows signs of depression the finding is consistent with common symptoms pattern for chronic pain patient. It was determined that there were no psychological contraindications to surgery.

A pre-authorization request for three day inpatient hospital stay with mini 360 decompression of the lumbar spine at L3-L5 at Medical Center as requested by Dr. was reviewed on 07/06/11 and the request was denied. The physician adviser noted this was a patient with low back pain varied exams with left lateral thigh and calf and left greater than right leg symptoms not described in a specific nerve root distribution. It was noted the request did not include a formal MRI report or objective evidence of a radiculopathy. Dr. report of x-rays notes instability, but no specific description nor degree. A report by the radiologist describes four lumbar type vertebrae and a transitional L5 segment, with no slip noted. Flexion extension lateral views demonstrated no instability/subluxations.

A reconsideration/appeal request was reviewed on 07/15/11 and reconsideration was denied for lumbar spine three day inpatient stay with mini 360 decompression L3-5 at Medical Center as requested by Dr.. The physician adviser noted that a peer to peer phone conversation was completed with Dr. and discussed the case/clinical records. The claimant has undergone extensive treatment including an unspecified surgical procedure and physical therapy from 05/02 to 08/04. X-rays performed 04/08/11 documented no segmental instability or evidence of spondylolisthesis or subluxation. MRI documented multilevel spondylosis as well as spinal stenosis, L4-5 foraminal stenosis with disc protrusion encroaching the exiting nerve at that level. Psychological evaluation of 05/25/11 documented a history of depression but the claimant was stable for surgical intervention. Flexion extension films documented no instability or subluxation. There was no documented instability on physical examination or diagnostic studies (neural arch defect, spondylolisthesis or segmental instability on flexion/extension). There were no current physical examination findings in the records provided, nor is the full past medical history documented. The request was determined not to meet guidelines criteria for instability.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The injured employee sustained a lifting injury to the low back on xx/xx/xx. After undergoing a course of conservative care without significant improvement, the injured employee was

referred to Dr. for consultation. On examination there was no evidence of radiculopathy, with no motor, sensory or reflex deficits reported. Straight leg raise was negative. The injured employee reports she could only walk about a block, indicative of neurogenic claudication. Imaging studies revealed evidence of spinal stenosis of the lumbar spine. However, there is no evidence of motion segment instability on flexion extension films. While decompression may be appropriate to address spinal stenosis resulting in neurogenic claudication, the proposed fusion procedure is not supported as medically necessary. The reviewer finds no medical necessity at this time for lumbar spine, three-day inpatient stay with mini 360 decompression L3-5.

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

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

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)