



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 12/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a T11/12 microdisectomy with posterior spinal fusion 3 day LOS 22610, 63046, 2284.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of a T11/12 microdisectomy with posterior spinal fusion 3 day LOS 22610, 63046, 2284.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed from : Denial Letters – 10/24/11 & 11/4/11; Rx History by Claim – 11/22/11; Transcriptions – 5/31/11-11/15/11; Imaging of MR L-Spine – 6/9/11, Spine – 6/28/11; Institute Consultation report – 7/18/11, Radiology Report s– 7/18/11 & 8/8/11, Workers Comp Evaluation – 8/8/11, Follow-up Note – 9/30/11, Periodic Outcomes Evaluation – 9/30/11, Behavioral Medicine Evaluation – 10/14/11; MD Letter of Medical Necessity – 10/27/11;

Hospital Operative Report – 9/6/11; Initial Assessment OP Rehab – 8/17/11, PT Daily Progress Notes – 8/17/11-9/21/11; and ODG Low Back – Lumbar & Thoracic chapter.

Records reviewed from Back Institute: Surgery Scheduling Slip/Checklist – 9/30/11, Patient Profile – 10/18/11, Periodic Outcomes Evaluation – 8/6/11, Beck Pain Questionnaire – Undated, Pain Diagram – 7/13/11; MD Reconsideration Letter – 11/21/11; and letter – 8/17/11.

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The Attending Physician's records were reviewed. The female was injured on xx/xx/xx, when she slipped and fell. Subjective (10/10) pain level complaints included the back and especially left leg pain, with left leg weakness. As of 10/18/11, there was diffuse tenderness to palpation. Objective evidence of radiculopathy (sensory, motor and/or reflex abnormalities) or myelopathy was not noted on examination. Lumbar and thoracic MRI reports revealed degenerative changes, most severe at T11-12 There was a disc bulge (eccentric to the left) with stenosis with cord compression, per report. The diagnoses included thoracolumbar radiculopathy and T11-12 disc herniation. ESI and PT treatment records were reviewed. The 10/14/11 dated behavioral evaluation/surgical clearance was reviewed. The 10/27/11 and 11/21/11 dated rebuttal letters were reviewed, discussing the not atypical lack of objective findings with spinal compression and the plausible development of instability post adequate decompression.

Denial letters denoted the lack of objective nerve root compression, disc herniation and/or stenosis, along with the lack of lumbar x-rays with flexion and extension views evidencing segmental spinal instability. Denial letters also discussed the lack of documentation of a recent comprehensive clinical evaluation (addressing the proposed surgery) and/or detailed documentation with regard to the failure of the patient to respond to recent comprehensive conservative measures.

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

The treating provider's rationale is correct. This is a case of severe spinal stenosis which has not responded to reasonable non-operative treatment. The lack of objective findings is not uncommon, with regards to the physical examination itself. Adequate decompression at the relatively mobile T11-12 segment requires significant bony/joint resection that has a probable result of instability. Therefore, both the proposed decompression and fusion, along with overnight stays is medically necessary as per clinical guidelines.

Patient Selection Criteria for Lumbar Spinal Fusion:

Pre-Operative Surgical Indications Recommended: Pre-operative clinical surgical indications for spinal fusion should include all of the following: (1) All pain generators are identified and treated; & (2) All physical medicine and manual therapy interventions are completed; & (3) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or discography (see discography criteria) & MRI demonstrating disc pathology; & (4) Spine pathology limited to two levels; & (5) Psychosocial screen with confounding issues addressed. (6) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing. For average hospital LOS after criteria are met, see Hospital length of stay (LOS).

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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)