

SENT VIA EMAIL OR FAX ON  
Nov/28/2011

## **P-IRO Inc.**

An Independent Review Organization  
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### **NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE OF REVIEW:**  
Nov/28/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Lumbar laminectomy, discectomy, fusion with instrumentation, implant bone growth stimulator (EBI) with a 2 day length of stay @ L4/5/S1

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

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who was injured on xx/xx/xx while attempting to push down on iron rod into heavy material. He fell back and injured himself. MRI of lumbar spine dated 04/20/07 revealed minimal posterior central disc protrusion L4-5; small posterior central disc protrusion L5-S1. Electrodiagnostic testing on 03/11/11 reported evidence of mildly active left L5-S1 polyradiculopathy. The patient is noted to have undergone ACDF C4-5, C5-6 on 09/03/10. He continued to complain of back pain and leg pain worse on left. X-rays of lumbar spine including flexion / extension views performed on 09/01/11 revealed mild disc space narrowing at L1-2 and L4-5 and 3 mm of flexion / extension motion at upper three disc levels. The patient was seen by Dr. on 09/20/11 and was noted to have had recent psychological evaluation and failed clearance for surgery and currently is undergoing psychological treatment. He continues to complain of back pain and leg pain, leg pain present bilaterally, although worse on left. There were no detailed physical examinations provided. A progress report from 10/16/11 indicates the patient was cleared for surgical intervention. Recommendation was for two level lumbar fusion at L4-S1 with instrumentation and implantation of bone growth stimulator.

A preauthorization was reviewed on 11/02/11 and recommended as non-certified as medically necessary. It was noted that MRI appears to be approximately 3 years old without recent diagnostic studies performed. It is further noted there is no documentation that the claimant has had any recent conservative treatment either epidural steroid injections or physical therapy at least over the last 2-3 years. Therefore, indications are not met for surgery and request including bone growth stimulator and 2 day inpatient stay is not indicated as medically necessary.

A reconsideration / appeal request was reviewed on 11/09/11 and the original non-certification determination was upheld. It was noted that documentation does not clearly indicate radiculopathy at levels of surgery. MRI study is from 2007 and at this point would be difficult to correlate MRI that was over 4 years old with recent pathology. In addition, the claimant has had no real conservative treatment including epidural steroid injections or physical therapy over the last 3 years. The patient therefore, does not meet ODG guideline criteria. Since surgery is not indicated, the bone growth stimulator with 2 day inpatient stay would also not be indicated.

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

Based on the clinical information provided, medical necessity is not established for proposed lumbar laminectomy, discectomy and fusion with instrumentation at L4-5, L5-S1, with implant of bone growth stimulator, and 2 day inpatient stay. The claimant is noted to have sustained an injury to low back on xx/xx/xx. The MRI of lumbar spine was performed over 4 years ago and revealed minimal posterior central disc protrusion at L4-5 with small posterior central disc protrusion at L5-S1. Although Dr. indicates there is instability of lumbar spine, x-rays revealed mild disc space narrowing with 3 mm of flexion / extension motion at the upper 3 disc levels. This does not meet AMA definition for motion segment instability. It is further noted that no recent conservative treatment including physical therapy, epidural steroid injections or other conservative methods were documented. As such, the previous denials correctly determined the request is not medically necessary and should be upheld on IRO.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**