SENT VIA EMAIL OR FAX ON
Dec/08/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Dec/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Inpatient Lumbar Laminectomy with Fusion and Instrumentation L3 through S1 with Bone Fusion Stimulator with LOS X 1 day with Purchase of LSO Back Brace

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:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Request for IRO dated 11/14/11
Request for IRO dated 11/17/11
Utilization review determination dated 10/05/11
Utilization review determination dated 10/11/11
Employee's claim for compensation dated 06/17/10
Clinical records PA-C dated 05/27/10-08/26/11
MRI lumbar spine dated 06/19/10
Clinical records Dr. dated 07/19/10, 08/15/11, 09/22/11
Operative report dated 08/10/10
MRI lumbar spine dated 07/23/11
EMG/NCV dated 05/25/11
CT myelogram of lumbar spine dated 09/14/11
Clinic note Dr. dated 11/08/11
Designated doctor evaluation dated 05/20/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. On the date of injury he was reported to have lifted an 80 lb barrel and subsequently developed low back pain with radiation into left lower extremity. Records indicate the claimant was initially diagnosed with lumbar strain and received conservative treatment. He was referred for MRI of lumbar spine on 06/19/10. This study notes levoscoliosis and spondylosis of lumbar spine along with central canal stenosis at multiple levels including L2-3 and L3-4, L4-5 and L5-S1. There are significant hypertrophic facets at multiple levels. There is a 5 mm central paracentral disc protrusion with disc fragments impinging upon the left 4th lumbar nerve root and effacing the lateral wall of thecal sac. Records indicate the claimant was subsequently seen by Dr. on 07/19/10. At this time he is noted to have severe left antalgic gait. He walks with flexed posture of low back. Straight leg raise is positive on left between 30-45 degrees. Deep tendon reflexes are 1+ in knees and right ankle and trace in left ankle. There is decreased sensation in left L5 dermatome. There is weakness of the left foot and great toe dorsiflexors. He was diagnosed with severe left L5 radiculopathy. He was subsequently taken to surgery on 08/10/10. At this time Dr. performed left L4-5 laminectomy, decompression of left L4 and L5 nerve roots and excision of large left L4-5 disc. Postoperatively the claimant continued to have low back pain. He received physical therapy and was maintained on oral medications. Records indicate on 02/28/11 the claimant began to develop right lower extremity pain. He subsequently was referred for repeat MRI of lumbar spine on 07/23/11. He is noted to have transitional vertebra at L5-S1 with 6 lumbar vertebra. At L6-sacrum there is a 2 mm annular disc bulge with mild osteophyte formation. At L5-6 this is level of left hemilaminectomy. There is enhancing soft tissue encasing the thecal sac and extending into the neural foramina bilaterally encasing the nerve root. At L4-5 there is posterior osteophyte formation with no disc bulge, herniation or central canal stenosis. At L3-4 there is facet and ligamentum hypertrophy noted. On 07/25/11 the claimant underwent EMG/NCV study. This study demonstrates a significant right S1 radiculopathy with mild membrane instability of the left S1 myotome consistent with probable S1 radiculopathy.

On 08/15/11 the claimant was seen in follow-up by Dr.. He is noted to have bilateral radiating hip and leg pain worse on right, which has gotten progressively worse over past 8 months. On physical examination he has well healed laminectomy incision. He walks with flexed posture. There is tenderness over both sciatic outlets. He has right antalgic gait. Straight leg raise is positive on left at 60 degrees and on the right at less than 45. Deep tendon reflexes are trace in knees and absent in ankles. He has weakness in bilateral foot plantar flexion and dorsiflexion especially on right. He has hypoalgesia in right L5 and S1 dermatomes. The claimant subsequently was recommended to undergo CT myelogram for further evaluation. This study was performed on 09/14/11. The myelogram notes there is a near complete contrast block at L3-4 level. The post procedure CT notes mild spinal canal stenosis at L1-2, mild to moderate at L2-3 and prominent spinal canal stenosis at L3-4. Flexion / extension views note the vertebral body is maintained in alignment. There is no definite nerve root amputation; however, there is poor filling of dural sac below L3 vertebral body secondary to high grade spinal canal stenosis at this level. The nerve roots below L3 cannot be evaluated.

On 09/24/11 the claimant was seen in follow-up by Dr.. He noted an almost complete block at L3-4 level with very poor filling distally. He opines the main problem would be at L3-4 with fairly large herniated disc at L4-5. He subsequently is recommended to undergo surgery from L3-S1 to include decompression, fusion and instrumentation.

On 11/08/11 the claimant was seen by Dr.. Dr. noted the history above. On physical examination he notes that light touch sensation was diminished in areas of the foot, otherwise preserved in right leg. He has numbness in L2 and L3 dermatomes on the left. L4, L5 and S1 on left were preserved. Reflexes were 2+ and symmetric at knees and ankles. Straight leg raise is negative. Dr. noted the claimant had left leg radiculopathy as result of work related accident and underwent appropriate surgery for progressive weakness and L4-5

decompression resulting in significant motor improvement with some residual pain and numbness in left foot. He has progressive back pain and right leg symptoms. Dr. suggested pain management injections, but given the degree of stenosis at L3-4 this is not likely to allow lasting relief. He recommended selective injection at L3-4 then L4-5. He notes if injections do not provide lasting relief, it would be reasonable consideration to pursue surgery as outlined by Dr..

The record includes designated doctor evaluation dated 05/20/11 in which the claimant was found to not be at maximum medical improvement.

The initial review was performed on 10/05/11 by Dr.. Dr. non-certifies the request noting that the claimant does not meet Official Disability Guidelines for criteria of lumbar fusion noting that no neural arch defect is present. There is no segmental instability. Primary mechanical back pain and spinal unit failure with instability is not documented, and therefore he opines that he does not meet criteria. The subsequent appeal request was reviewed on 10/11/11 by Dr. Dr. non-certified the request. He notes the previous denial and indicates that no new information was provided. He notes that the claimant does not meet criteria as noted and therefore the medical necessity of the procedure is not established. As such, he non-certifies the request.

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

The request for lumbar laminectomy with fusion and instrumentation L3 through S1 with bone fusion stimulator, LOS x 1 day and purchase of an LSO back brace is not established as medically necessary and the previous utilization review determinations are upheld. The submitted clinical records indicate that the claimant sustained an injury to his low back as a result of lifting. He subsequently was found to have a large disc herniation with extruded fragments and was taken to surgery by Dr. on 08/10/10 at which time he underwent a left L4-5 laminectomy with decompression of the left L4-5 nerve roots and excision of a large L4-5 disc extrusion. Postoperatively the claimant is noted to have continued significant levels of pain with no real substantive improvement. He is later noted on 02/20/11 to have developed right lower extremity pain and radiation. The serial clinical notes indicate that the claimant has undergone exhaustive postoperative physical therapy with no improvement. He has undergone MRI and EMG/NCV studies which note a bilateral S1 radiculopathy. The claimant is noted to have high grade stenosis at L3-4 identified on lumbar myelogram dated 09/14/11. The submitted clinical records do not indicate that the claimant has any instability at the requested operative levels. He has not undergone a preoperative psychiatric evaluation as required by the Official Disability Guidelines. A second opinion consultation appears to have been performed by Dr. in which Dr. suggests the performance of staged selective nerve root blocks in an effort to isolate the primary pain generators. Based upon the submitted clinical records, the claimant would not meet Official Disability Guidelines noting the lack of instability, all potential pain generators have not been excluded and lack of a preoperative psychiatric evaluation. As such, the previous utilization review determinations are opined to be appropriate and upheld.

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)