

US Resolutions Inc.

An Independent Review Organization
1115 Weeping Willow
Rockport, TX 78382
Phone: (512) 782-4560
Fax: (207) 470-1035
Email: manager@us-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Posterior Interbody Spinal Fusion at the level of L5-S1 with three-day length of stay
20936 22612 22840 63047

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

M.D., Board Certified Orthopedic 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

Initial Physical Therapy Evaluation: 09/23/09
Daily Physical Therapy Treatment Notes: 09/29/09, 10/01/09, 10/02/09, 10/07/09, 10/12/09, 10/14/09, 10/15/09, 10/19/09
Physical Therapy Re-Evaluation: 10/14/09
Physical Therapy Discharge Summary: 11/13/09
MRI Lumbar Spine with 3D: 10/08/09
Dr. (ortho): 10/22/09
Dr. Office Notes: 11/16/09, 12/15/09, 01/12/10, 02/09/10, 05/04/10, 06/01/10
12/03/09 Dr. – Operative Report: 12/03/09
Dr. Office Notes: 03/30/10, 04/13/10, 11/15/10, 12/20/10, 01/06/11
Dr. – Surgical Scheduling Form & admission orders: 04/13/10
Dr. (internal med) – DDE: 04/19/10
Dr. (psychology) Office Notes: 05/18/10, 08/30/10
Dr. (covering for Dr.): 09/30/10
Lumbar Spine X-Rays: 09/30/10
MRI Lumbar Spine: 10/18/10
Peer Review: 11/04/10, 12/13/10
Authorization Request for surgery/LOS: 12/03/10
Official Disability Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is a male claimant with a reported low back injury that occurred while at work on xx/xx/xx when his back was jerked when a door he was moving and hanging started to fall. His diagnoses included L5-S1 disc protrusion and a small annular tear on right per MRI report, chronic lumbar discogenic pain with radiating bilateral lower extremity pain and chronic pain

syndrome with reactive anxiety and depression. A lumbar MRI obtained on 10/08/09 revealed a right foraminal disc herniation at L5-S1 measuring nearly 5 millimeters (mm) causing right L5-S1 foraminal narrowing. Lumbar spine x-rays obtain during an orthopedic exam on 10/22/09 revealed no acute fracture, dislocation or instability. Conservative treatment to this point had included multiple medications, activity modifications, work restrictions and physical therapy reported to have worsened his symptoms. He underwent a pain management consult on 11/16/09 with a subsequent lumbar epidural steroid injection performed on 12/03/09, reported to have provided suboptimal relief. He continued treating with pain management through 06/01/10 with adjustments and additions made to his medication regimen.

A surgical evaluation completed by Dr. on 03/30/10 revealed continued low back and bilateral leg pain unrelieved with conservative measures. His exam demonstrated an antalgic gait on the left, tenderness over the left L5-S1 facet joint region and significantly restricted lumbar range of motion secondary to pain. On 04/19/10, the claimant underwent a designated doctor exam with Dr. who determined the claimant had not reached maximum medical improvement. His record review included findings from an EMG/NC study performed by Dr. on 02/23/10 that revealed lumbar radiculopathy involving the left L5 and S1 nerve roots, which appeared to be most significant at the left L5 nerve root level. Dr. performed a psychological evaluation on 05/18/10 and determined the claimant was experiencing injury related anxiety and depression due to his physical deterioration and difficulty performing even light daily living activities without significant pain escalation. He recommended 6 individual treatment sessions over 8 weeks along with an antidepressant. Lumbar spine x-rays that included flexion and extension views completed on 09/30/10 revealed relatively well-maintained disc height with slight narrowing at L5-S1 but no retrolisthesis. There was mild to moderate facet arthropathy at L5-S1 but no translation on flexion or extension. An updated lumbar spine MRI performed on 10/18/10 revealed mild to moderate facet hypertrophy at every lumbar level with a minimal 2 mm or less disc bulge at all 5 levels. The central canal itself was not overtly compromised, although there was borderline narrowing at L3-4 congenitally. He had mild to moderate narrowing of the foramina throughout the lumbar spine greatest from L3-4 and L5-S1. The exiting L4 and L5 spinal nerves appear contacted to some degree at the L4-5 and L5-S1 levels respectively possible resulting in an element of radiculopathy in any of these 4 respective distributions. The 11/15/10 exam revealed continued complaints of low back and radiating bilateral lower extremity pain with an antalgic gait requiring the use of a cane. He had midline and bilateral L5-S1 facet joint tenderness, restricted range of motion and weakness in the left extensor hallucis longus. Dr. requested authorization to proceed with a Lumbar Posterior Interbody Spinal Fusion at the level of L5-S1 with three-day length of stay 20936 22612 22840 63047.

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

Extensive records were provided and reviewed for the purpose of determining the medical necessity of the requested Lumbar Posterior Interbody Spinal Fusion at the level of L5-S1 with three-day length of stay 20936 22612 22840 63047. The evidence-based Official Disability Guidelines do not typically recommend lumbar spine fusion except for individuals who have documented evidence of instability and/or compelling indications such as progressive neurologic deficit, tumor, or infection. In particular, they strongly deter surgery for individuals who have confounding psychosocial issues that would substantially diminish the likelihood of a positive outcome.

Records in this particular case fail to document any evidence of structural instability in the lumbar spine. Records describe a lumbar disc herniation to the right, for which this gentleman has clearly failed conservative treatment, but do not describe evidence of progressive neurologic deficit or other compelling indication which would suggest that lumbar spine fusion would be an appropriate next step for treatment for his lumbar disc pathology.

Perhaps more notably is the fact that this gentleman was evaluated by Psychologist, in May of 2010. He specifically stated that this gentleman had significant confounding issues that would likely place him at risk for poor outcome. While the claimant is described as stable

several months later, there is nothing within the additional records to suggest that this gentleman has in fact substantially improved to the point that he would be considered a reasonable candidate for surgery. Furthermore, one would refer back to the fact that there is also no evidence of structural instability that would suggest that this gentleman would be a reasonable candidate for lumbar spine fusion.

Of note, a more recent MRI scan does show evidence of moderate neural foraminal narrowing at L5-S1 that could account for his leg pain, but once again, would not make a compelling case for any type of fusion surgery. Thus, based on careful review of the information provided and in consideration of the evidence-based Official Disability Guidelines, this reviewer finds that Lumbar Posterior Interbody Spinal Fusion at the level of L5-S1 with three-day length of stay 20936 22612 22840 63047 is not medically necessary in this setting.

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)