AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 21, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 post operative physical therapy visits over 4 weeks for the lumbar using 97530, 97110, 97112, 97140, 97032, and 97035.

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

This physician is a Board Certified Orthopedic Surgeon Physician with 43 years of experience.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

On December 23, 2001 an MRI of the lumbar spine was performed. Impression:
1. At L4-5 there is mild reduction of disc space height with nuclear desiccation

and high signal annular tear noted on sagittal T2 imaging. There is a broad based central and slightly left lateralizing protrusion measuring approximately 5 mm. There is very subtle compression of the left anterior thecal sac and the left L5 nerve root origin. Facets are mild degenerated as interpreted by M.D.

On May 18, 2002, a Lumbar Discogram was performed. Impression: 1. Normal discogram at L2-L3. 2. Normal discogram at L3-4. 3. Abnormal discogram at L4-5 with leaked contract media into the epidural space along the left sided neural foramen, through the torn annulus left paracentral posteriorly, along the left sided neural foraminal foramen, with severe concordant back pain and left sided radiculopathy. 4. Normal discogram at L5-S1.

On May 28, 2002, a Post Lumbar Discogram CT of the Lumbar Spine was performed. Impression: 1. Normal discogram and CT scan at L2-3, L3-4 and L5-S1. 2. Abnormal discogram at L4-5 with concentric to linear torn annulus left paracentral posteriorly projecting into the left sided lateral recess with severe concordant back pain and left sided radiculopathy, strong positive Marcaine challenge test. 4-5 mm circumferential left paracentral posterior, left intrarecess and foraminal herniated and extruded disc migrating inferiorly with mass effect to the thecal sac, left sided lateral recess and foramen and nerve root sleeve with stenosis along the left sided neural foramen at L4-5 as interpreted by M.D.

On August 16, 2002, M.D. performed an intradiscal electrothermal annuloplasty at L4-5.

On November 20, 2002, an MRI of the lumbar spine was performed. Impression: Broad based disk protrusion at L4-5 is demonstrated. Contact enhancement along the dorsal margin of the annulus indicates an inflammatory response that suggests that this represents an acute or subacute process. A broad based disk herniation cannot be excluded but no secondary spinal stenosis or definite nerve root encroachment is seen.

On January 26, 2004, the claimant underwent surgical intervention of the lumbar spine as performed by M.D. Procedures: 1. Laminectomy of L4-5, bilateral. 2. Bilateral neural foraminotomies, L4-5. 3. Total excision of L4-5 intervertebral disc. 4. Installation of intervertebral implant. 5. Installation of bone graft. 6. Installation of pedicle screw fixation. 7. Intertransverse fusion. 8. Facet fusion. 9. Somatosensory evoked potential and electromyogram EMG monitoring.

On March 17, 2004, a CT of the lumbar spine was performed. Impression: Anterior and posterior fusion at L4-5, both solid appearing interbody graft and bi-pedicular fixation screws. The facet joints do not appear definitely fused. Particulate bone graft material about the posterior elements also does not appear solid. 2. L5 vertebrae are a transitional level, with a widened transverse process on the left. 3. Minimal broad based bulge is seen at L2-3 and L3-4 as interpreted by M.D.

On February 25, 2005, a CT of the lumbar spine was performed. Impression: 1. 3 mm broad based protrusions at L2-3, L3-4 and L5-S1. 2. L4-5 shows laminectomy defects. There is mild bony right lateral recess and right foraminal narrowing.

On June 22, 2006, the claimant was evaluated by M.D. He is still having residual pain in the back and pain down his left lower extremity. He is contemplating hardware removal.

On February 22, 2007, the claimant was re-evaluated by M.D. He complains of worsening back pain with pain going down from the left hip down his left knee to the left shin. He has positive straight leg raise, negative on the right. He has paraesthesias along the left L4 distribution and numbness along the left L5 and weakness of the toe extensor.

On July 25, 2007, M.D. performed a selective nerve root block at L4-5, left.

On August 2, 2010, the claimant presented to the emergency department with back pain.

On August 3, 2010, the claimant was evaluated by M.D. with complaints of numbness, tingling, burning sensation and radiating pain up leg. Impression: Lumbar IVD.

On August 24, 2010, the claimant presented to the emergency department with back pain.

On August 27, 2010, Computerized Muscle Testing and Range of Motion was performed. Minimum Lordosis: 93% norm, Flexion: 65% norm, Extension: 48% norm.

On August 27, 2010, the claimant was re-evaluated by M.D. He complains of 9/10 lumbar pain. Impression: Possible pedicle screw fracture versus adjacent level injury.

On September 24, 2010, an MRI of the lumbar spine was performed. Impression: 1. Laminectomy at L4 and posterior interbody fusion at L4-5. 2. Posterior displacement of the interbody fusion device at L4-5 compressing on the thecal sac posteriorly. 3. Mild circumferential disc bulge at L3-4 mildly impressing on the thecal sac. Bilateral facet arthrosis and mild bilateral foraminal is seen as interpreted by Dr.

On October 1, 2010, the claimant was re-evaluated by M.D. He still has 9/10 back pain. Impression: Interbody malposition.

On November 8, 2010, the claimant was re-evaluated by M.D. He is pending surgery for hardware removal.

On December 8, 2010, the claimant underwent surgical intervention of the lumbar spine as performed by M.D. Procedures: 1. Osteotomy, partial corpectomy, diskectomy, removal of PLIF case L4-5. 2. Exploration of fusion. 3. ALIF L4-5. 4. Screw fixation in L4 and L5. 5. Preparation and application of interbody device at L4-5. 6. Use of local bone graft from osteotomy. 7. Use of intraoperative microscopic magnification and light intensification. 8. Application of external bone growth stimulator postoperatively. 9. Intraoperative neural monitoring. 20. Cell saver.

On December 14, 2010, the claimant was re-evaluated by M.D. He presents with 7/10 pain the soreness and stiffness with occasional pain that radiates into his bilateral lower extremities. He feels more tenderness over his lower abdomen region. He will start aggressive postoperative physical therapy.

On January 21, 2011, the claimant was re-evaluated by M.D. He has low back pain at 9/10 with constant pain in his low back with left lower extremity numbness and tingling. Physical therapy has not started and should be as soon as possible.

On December 27, 2010, an orthopedic surgeon performed a utilization review on the claimant. Rationale for denial: If one looks towards the ODG “34 visits over 16 weeks” are permitted as postsurgical treatment of spinal fusion after the graft has matured. In this case, the claimant is only 2 weeks out from ALIF L4-5. Clearly, the graft has not matured by 2 weeks postoperative. Therefore it is not certified.

On January 11, 2011, an orthopedic surgeon, performed a utilization review on the claimant. Rationale for denial: This patient is just over one month post surgery. Physical therapy should be started after the graft has matured. It is unclear whether therapy would be advisable for this patient one month out from fusion revision. Therefore it is not certified.

PATIENT CLINICAL HISTORY:

The claimant sustained an injury to the lumbar spine when slipped, hurting left leg and lower back.

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

Per the ODG: 34 visits over 16 weeks are permitted as postsurgical treatment for a spinal fusion. The claimant is close to 3 months post-op from his December 8, 2010 ALIF L4-5; therefore, at this time the graft should have mature enough to be able to start physical therapy. Based on the above-mentioned the previous decisions are overturned.

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial".
Lumbar sprains and strains (ICD9 847.2):
10 visits over 8 weeks
Sprains and strains of unspecified parts of back (ICD9 847):
10 visits over 5 weeks
Sprains and strains of sacroiliac region (ICD9 846):
Medical treatment: 10 visits over 8 weeks
Lumbago; Backache, unspecified (ICD9 724.2; 724.5):
9 visits over 8 weeks
Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8):
Medical treatment: 10 visits over 8 weeks
Post-injection treatment: 1-2 visits over 1 week
Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks
Post-surgical treatment (arthroplasty): 26 visits over 16 weeks
Post-surgical treatment (fusion, after graft maturity): 34 visits over 16 weeks
Intervertebral disc disorder with myelopathy (ICD9 722.7)
Medical treatment: 10 visits over 8 weeks
Post-surgical treatment: 48 visits over 18 weeks
Spinal stenosis (ICD9 724.0):
10 visits over 8 weeks
See 722.1 for post-surgical visits
Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified (ICD9 724.3; 724.4):
10-12 visits over 8 weeks
See 722.1 for post-surgical visits
Curvature of spine (ICD9 737)
12 visits over 10 weeks
See 722.1 for post-surgical visits
Fracture of vertebral column without spinal cord injury (ICD9 805):
Medical treatment: 8 visits over 10 weeks
Post-surgical treatment: 34 visits over 16 weeks
Fracture of vertebral column with spinal cord injury (ICD9 806):
Medical treatment: 8 visits over 10 weeks
Post-surgical treatment: 48 visits over 18 weeks
Work conditioning (See also Procedure Summary entry):
10 visits over 8 weeks

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)