

SENT VIA EMAIL OR FAX ON
Jan/14/2011

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior Lumbar Interbody Fusion L5/S1, 1 day LOS

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

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

OD Guidelines

Lumbar MRI report 12/02/09

EMG/NCS report 12/15/09

Dr. office note 01/26/10

FCE reports 02/04/10, 05/11/10

Dr. office notes 07/01/10, 09/01/10, 09/28/10

Dr. psychological screening report 07/14/10

Peer review reports 11/22/10, 12/8/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female with a reported injury of xx/xx/xx when a chair collapsed under her. MRI of the lumbar spine on 12/02/09 showed a 2-3 millimeter broad based central/left paracentral disc protrusion at L5-S1 with effacement of the thecal sac and descending left S1 nerve root. Dr. performed an electrodiagnostic study on 12/15/09 with findings of L5 and S1 radiculopathy.

The claimant was evaluated on 07/01/10 by Dr. for low back pain and bilateral radicular symptoms; back pain was worse than leg pain. Dr. noted that the claimant had been treated with physical therapy. She had epidural steroid injections times two, the last one being on 05/21/10, which helped for a few days. She had also been treated with NSAIDS, muscle relaxants and pain medication. Current medications were hydrocodone, Amrix and Celebrex. She smoked a quarter pack of cigarettes per day. On exam she had some difficulty with standing on toes and heels; strength was 4+ on the right; she was hyperreflexive bilaterally in the lower extremities. She had decreased to light touch sensation on the right following the S1 dermatome and a positive seated straight leg raise contralaterally to 90 degrees. Hoffman sign was positive bilaterally in the upper extremities and the claimant was hyperreflexive on the left side. MRI showed disc desiccation at the L5-S1 level with a fairly large disc herniation at that level which was showing some central canal stenosis with a mild left foraminal stenosis at the L5-S1 level. The impression was low back pain with radicular symptoms bilaterally due to a disc herniation at the L5-S1 level with mild foraminal stenosis to the left at the L5-S1 level with vertical instability. The physician recommended anterior lumbar interbody fusion at L5-S1. Dr. noted that AP and lateral flexion/extension x-ray of the lumbar spine showed some vertical instability noted on the lateral view.

The claimant had a pre-surgical psychological screening on 07/14/10. The claimant was cleared for surgery with a fair to good prognosis. It was noted that the claimant had quit smoking two days earlier in preparation for surgery. The claimant followed up on 09/28/10 with Dr. with continued complaints of pain in the low back radiating down her leg. Dr. noted that the claimant had not improved with physical therapy and epidural steroid injection. He recommended anterior lumbar interbody fusion at L5-S1. The surgery was denied on peer reviews dated 11/22/10 and 12/08/10.

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

The requested L5-S1 fusion cannot be justified as medically necessary based on a careful review of all medical records. The MRI for this patient simply shows a mild 2 to 3 millimeter disc bulge or protrusion at L5-S1 with "no evidence of acute fracture or vertebral body collapse". There is no indication that the patient has a spondylolisthesis or instability based on the MRI report.

In addition, flexion/extension films reportedly did not "show any instability". Though this patient may benefit from additional treatment, the rationale for the fusion is unclear. The reported "vertical instability" is not supported by objective radiographs or MRI. Furthermore, records indicate that the patient smokes and there is no indication the patient received a psychosocial screen. Guidelines specifically indicate that patients need to refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion healing. Also, a psychosocial screen with confounding issues would need to be performed as per the guidelines.

Given the lack of instability and the lack of meeting ODG requirements, the proposed lumbar fusion cannot be justified according to the medical records reviewed.

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)