

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient surgery for L4-L5 and L5-S1 lumbar laminectomy, discectomy, arthrodesis with cages, posterior instrumentation and implantation of a bone growth stimulator with two (2) day stay

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

MD, Board Certified 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

Adverse Determination Letters, 11/29/10, 12/15/10, 11/24/10, 12/14/10
MD, 11/16/10, 11/15/10, 12/3/10
Imaging, 10/28/10, 10/27/10, 2/23/09
PHD, 10/31/10
Dr. MD, 7/26/10, 4/16/09, 7/28/10
Dr. 2/15/10, 9/16/10, 3/31/10, 07/26/2010
Operative Note, Lumbar ESI, undated
Dr. MD, 9/28/10
Dr. DC, 10/11/10
MD Guidelines, undated
FCE, 10/12/10
OD Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is a female with a date of injury xx/xx/xx, when she stood up after kneeling, and fell backward. She complains of back and right leg pain. She is morbidly obese and is a cigarette smoker. She has promised to quit smoking 6 weeks prior to the surgery. She has undergone an ESI and physical therapy, as well as medications. An EMG/NCV 02/15/2010 is normal. Her neurological examination 11/16/2010 shows decreased ankle and knee jerks on the right. There is also weakness of the gastrocsoleus on the right, with parasthesias in the right L5 and S1 distributions. An MRI of the lumbar spine 10/27/2010 shows at L4-L5: a 4 mm central to slightly right disc protrusion with slight narrowing and dehydration of the disc. There is no central lateral recess or neuroforaminal stenosis. At L5-S1, there is a 5mm

posterior L5 on S1 spondylolisthesis with some contiguity of the right S1 nerve root. There is moderate-to-severe narrowing and dehydration of the L5-S1 disc. A psychological examination 10/31/2010 showed no contraindications to surgery. The provider is requesting inpatient surgery for L4-L5, L5-S1 laminectomy, discectomy, arthrodesis with cages, posterior instrumentation and implantation of a bone growth stimulator with a 2-day inpatient stay.

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

The proposed surgery is not medically necessary. According to the ODG, "Low Back" chapter, "All pain generators" should be "identified and treated" prior to a lumbar fusion. It is unclear that L4-L5 is a pain generator in this case. Additionally, this is a young woman who is morbidly obese and is a smoker -- she has significant risk factors for a poor outcome. While there is significant pathology at L5-S1, it is unclear from the records why L4-L5 is to be included in the fusion construct in this patient. Therefore, the surgery (Inpatient surgery for L4-L5 and L5-S1 lumbar laminectomy, discectomy, arthrodesis with cages, posterior instrumentation and implantation of a bone growth stimulator with two (2) day stay) is not medically necessary.

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)