

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JULY 13, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Lumbar decompression @ L3-4,L4-5, L5-S1; additional level; Lumbar 360 spine fusion@ L3-4,L4-5, L5-S1; additional level; apply spine prosthetic device Lumbar; allograft; Lumbar 360 spine fusion@ L3-4,L4-5, L5-S1; additional level; Lumbar Laminectomy @ L3-4,L4-5, L5-S1; additional level; insert spine fixation device Lumbar; allograft; removal of tissue for graft; nerve test X4; Inpatient hospitalization 3 days (63090, 63091, 22558, 22585, 22851, 20931, 22612, 22614, 63047, 63048, 22842, 20931, 20926, 95920, 99221)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.2, 756.12, 724.02	63090		Prosp	1					Upheld
722.2, 756.12, 724.02	63091		Prosp	1					Upheld
722.2, 756.12,	22558		Prosp	1					Upheld

724.02									
722.2, 756.12, 724.02	22585		Prosp	1					Upheld
722.2, 756.12, 724.02	22851		Prosp	1					Upheld
722.2, 756.12, 724.02	20931		Prosp	1					Upheld
722.2, 756.12, 724.02	22612		Prosp	1					Upheld
722.2, 756.12, 724.02	22614		Prosp	1					Upheld
722.2, 756.12, 724.02	63047		Prosp	1					Upheld
722.2, 756.12, 724.02	63048		Prosp	1					Upheld
722.2, 756.12, 724.02	22842		Prosp	1					Upheld
722.2, 756.12, 724.02	20931		Prosp	1					Upheld
722.2, 756.12, 724.02	20926		Prosp	1					Upheld
722.2, 756.12, 724.02	95920		Prosp	1					Upheld
722.2, 756.12, 724.02	99221		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with a September 18, 2009 progress note from Dr. . It is noted that this is a post operative visit for the date of injury of xx/xx/xx. The surgical incisions have healed, there is no evidence of infection, and there are some changes to the ankle jerk. Follow-up plain films look good and postoperative rehabilitation is to begin.

The rehabilitation was started by Dr. and it was noted that there was a decrease in lumbar range of motion consistent with the surgery completed. There was a positive straight leg raising and a negative. Patrick's/Fabere's test. Multiple medications were prescribed. Dr. continued to see the claimant monthly and there were no significant changes in the presenting complaints, physical examination, or medications prescribed. Dr. felt that maximum medical improvement was reached on December 21, 2009.

Dr. completed a Designated Doctor evaluation and determined that maximum medical improvement had been reached with a 5% whole person impairment rating.

Dr. continued to follow the claimant, noted an inability to taper the medications, and that there was no significant change in the physical examination.

A repeat lumbar MRI noted a slight retrolisthesis at L3/4, the post surgical changes at L4/5 and a small 3 mm disc lesion at L5/S1. With this study, Dr. sought a surgical consultation from Dr., who felt there was a need to obtain a myelogram to determine if there was a surgical lesion. Degenerative and hypertrophic changes were noted at multiple levels in the lumbar spine. In October 2010, Dr. felt a multiple level lumbar fusion procedure with decompression would be necessary.

Dr. felt the necessity for the surgery was a function of stability of the lumbar spine as opposed to pain relief. The January 31, 2011 follow-up progress note indicates no acute distress, chronic pain problems in the lumbar spine, no abnormalities associated with gait, and no significant neurologic findings.

A second surgical opinion was obtained from Dr.. It was noted that there was no loss of bowel or bladder function. There is some claudication with ambulation it was noted. The claimant is 5'3" 210 pounds and otherwise healthy. Dr. felt that she is "slightly overweight." (However, the BMI is 37.2). Dr. also stated that there was a severe collapse of the L5/S1 disc space. Dr. appears to endorse a three level fusion procedure. Dr. , in her March 2011 follow-up progress note indicates some concern about the relative efficacy of such a surgery.

In May, a behavioral medicine evaluation was completed and the proposed surgery was endorsed. It is noted that Dr. spoke with the utilization review provider. Dr. felt that the need for fusion would be secondary to the iatrogenic instability that would occur if the decompression alone (laminectomy) was pursued. Non certification of the proposed surgery was suggested.

Repeat imaging studies were completed each noting severe bilateral facet degenerative joint disease, loss of disc space, arthritic/osteophytic formation, and a slight retrolisthesis L3/4 as noted in the second preauthorization discussion. Multiple attempts to document instability were made and those attempts were negative.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines the criteria for a lumbar fusion are "For chronic low back problems, fusion should not be considered within the first 6 months of symptoms, except for fracture, dislocation or progressive neurologic loss. Indications for spinal fusion may include: (1) Neural Arch Defect - Spondylolytic spondylolisthesis, congenital neural arch hypoplasia. (2) Segmental Instability (objectively demonstrable) - Excessive motion, as in degenerative spondylolisthesis, surgically induced segmental instability and mechanical intervertebral collapse of the motion segment and advanced degenerative changes after surgical discectomy, with relative angular motion greater than 20 degrees. ([Andersson, 2000](#)) ([Luers, 2007](#))".

There is no progressive, neurologic loss based on the progress note from Dr.. There is a small retrolisthesis that has been documented to be stable. There is no objectively demonstrable segmental instability or excessive motion. This is a xx-year-old lady with significant ordinary disease of life degenerative changes and low back pain. The response to the prior surgery has not been what was hoped for. There is absolutely no clinical indication for a multiple level fusion based on the objective parameters noted and there is every consideration that the outcome will be a chronic pain situation. No better and possibly worse than what is currently presented. The determination made by the prior reviewers is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES