

SENT VIA EMAIL OR FAX ON
Jul/04/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/30/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Lami with Fusion instrumentation L4/5 X 1 day LOS and DME Purchase TLSO Back Brace

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

D.O., Board Certified Neurosurgery

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

1. Clinical records Dr. 03/06/03-05/11/11
2. CT myelogram lumbar spine 04/19/11
3. Procedure note epidural steroid injection 02/11/11, 02/16/10, 05/30/06
4. Radiology report lumbar spine series 08/23/07
5. Operative report right carpal tunnel release 09/30/05
6. CT myelogram lumbar spine 04/23/04
7. MRI lumbar spine 03/30/04
8. Operative report 03/12/03 decompressive L5-S1 laminectomy, discectomy and interbody fusion with cages and pedicle screws and plates
9. Utilization review determination 05/10/11 non-authorization for lumbar laminectomy and fusion and instrumentation L4-5, LOS x 1 day, DME purchase TLSO back brace
10. Utilization review determination 05/10/11 non-authorization appeal for lumbar laminectomy and fusion and instrumentation L4-5, LOS x 1 day, DME purchase TLSO back brace

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. After failing to improve with conservative treatment including steroid injections, physical therapy and variety of

medications, the patient underwent posterior lumbar decompression and fusion at L5-S1 performed on 03/12/03. The injured employee has continued to complain of low back pain and pain radiating to lower extremities. He has undergone epidural steroid injections and other conservative measures without significant benefit. Lumbar myelogram post CT performed on 04/19/11 reported postoperative change of PLIF with posterior rods, pedicle screws, laminectomy, and interbody spacers and surrounding bone graft at L5-S1, with no significant distortion of thecal sac. There was no evidence of acute hardware complication. The neural foramina are patent. At L4-5 there is moderate to severe facet disease with broad based disc bulge and osteophyte with mild retrolisthesis of L4 on L5 producing mild spinal stenosis with moderate bilateral foraminal stenosis. At L3-4 there is broad based disc bulge with facet hypertrophy and ligamentum flavum thickening producing borderline mild spinal stenosis and mild foraminal encroachment.

A preauthorization request for lumbar laminectomy with fusion, instrumentation L4-5 with 1 day inpatient stay, and DME purchase TLSO back brace was reviewed on 05/10/11 and physician advisor determined non-authorization be given for the request. The physician advisor noted the current medical records showed persistent low back pain. Current physical examination revealed right antalgic gait with right foot and great toe dorsiflexion weakness. There was positive straight leg raise test bilaterally. There was decreased range of motion with paralumbar muscle tightness and loss of lumbar lordosis. Official results of recent CT myelogram of lumbar spine revealed multilevel degenerative disc disease with no instability; however, recent x-rays of lumbar spine which include flexion / extension views were not requested. It was noted there was no documentation provided with regard of failure of patient's response to conservative treatment such as current evidence based exercise programs and medications prior to proposed surgical procedure. Maximum potential of conservative treatment was not fully exhausted to indicate a surgical procedure which includes physical therapy sessions. Medical necessity of the request could not be established.

An appeal request for lumbar laminectomy with fusion and instrumentation at L4-5 with 1 day inpatient stay and DME purchase TLSO back brace was reviewed on 05/23/11 and physician advisor recommended non-authorization. It was noted that medical report dated 05/20/11 reported the patient had very severe mechanical lumbar pain with radicular hip and leg pain with numbness, dysesthesias, and weakness in legs. The clinical documentation provided shows patient underwent for an extended period of time (sic). Other than what appears to be two epidural steroid injections and medications, there was no documentation of any other conservative treatment. Furthermore, there was no documentation of psychological screening that could affect surgical outcome. Therefore, previous non-certification request was upheld.

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

Medical necessity is not established for the proposed lumbar laminectomy with fusion, instrumentation at L4-5 and 1 day LOS with DME purchase TLSO back brace. The injured employee is noted to have sustained injury on xx/xx/xx . The mechanism of injury is not described, but the injured employee is noted to complain of low back pain radiating to lower extremities. After failing a course of conservative treatment, the injured employee underwent posterior lumbar interbody fusion on 03/12/03. Follow-up on 03/01/04 1 year post surgery reported x-rays to show solid fusion with normal alignment at L5-S1. The injured employee was noted to complain of some aching pain in low back and hips and legs but has no radicular pain. CT myelogram performed on 04/23/04 revealed postoperative changes at L5-S1 with no significant complications shown. There was mild degenerative disc disease and facet osteoarthritis. Records indicate the injured employee returned to work full time and experienced exacerbations of back problems and paralumbar musculature tightness. The injured employee subsequently reported lumbar pain with pain in hips and legs, although his neurologic examination was normal. The patient was treated with medications, and two epidural steroid injections. There is no indication that the injured employee had any physical therapy in conjunction with injections. CT myelogram performed on 04/19/11 revealed postoperative changes at L5-S1 with PLIF with instrumentation and no significant distortion of

thecal sac and no evidence for acute hardware complications. Impression was multilevel degenerative disc disease. At L4-5 there is moderately severe facet disease and broad based disc bulge and osteophytes, mild retrolisthesis of L4 on L5 producing mild spinal stenosis and moderate bilateral foraminal stenosis. There was no evidence of flexion / extension views of lumbar spine demonstrating motion segment instability of lumbar spine. There is also no indication the patient underwent presurgical psychological evaluation to address any confounding issues. As such, the proposed surgical procedure with lumbar laminectomy and instrumented fusion at L4-5, 1 day inpatient stay, and purchase of TLSO brace is not indicated as 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)