

SENT VIA EMAIL OR FAX ON
Jul/21/2011

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/21/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient posterior L3-4 decompression, fusion and instrumentation with one (1) day length of stay (LOS), purchase of a bone growth stimulator and thoracic-lumbosacral orthotic (TLSO) brace.

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

DO board certified in 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. 11/20/01 through 05/26/11
2. Imaging studies lumbar myelogram 11/20/01
3. Operative report 03/01/02
4. Radiographic report lumbar spine 05/30/02
5. Radiographic report lumbar spine 11/25/02
6. Radiographic report lumbar spine 07/25/02
7. Radiographic report lumbar spine 02/03/03
8. CT myelogram lumbar spine 09/29/04
9. CT myelogram lumbar spine 05/31/05
10. Procedure report lumbar epidural steroid injection 08/17/05
11. MRI lumbar spine 02/08/07
12. Procedure report lumbar epidural steroid injection 01/07/09
13. CT myelogram lumbar spine 06/16/09

14. CT myelogram lumbar spine 09/28/10
15. Utilization review determination 05/18/11
16. Utilization review determination 06/07/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant's a female who is reported to have sustained work related injuries on xx/xx/xx. Records indicate that the claimant ultimately underwent a two level lumbar fusion at L4-5 and L5-S1 on 03/01/02. Records indicate that post-operatively the claimant continued to have significant complaints of low back pain with radiation to the lower extremities and underwent multiple lumbar myelograms with the most recent on 09/28/10 which notes a mild disc bulge at L2-3 with no spinal stenosis or definite neural foraminal narrowing identified. There's an extrinsic filling defect on the right at L5-S1. The post-procedure CT indicates disc space narrowing at L4-5 and L5-S1 which were fused. There's a small disc bulge at L2-3. There's a mild disc bulge at L3-4 causing narrowing of the inferior aspect of the neural foramina bilaterally. There's an osteophyte disc bulge complex at L5-S1 which causes some neural foraminal narrowing on the left. Dr. who performed the lumbar puncture opines that there is stenosis at the L3-4 level with retrolisthesis at L3-4. The records do not include any recent lumbar flexion extension radiographs. Dr. subsequently opines that the claimant or Dr. notes that the claimant has had extensive conservative treat which has included oral medications and documented epidural steroid injections. Her current medication profile includes Ultram and Motrin. She's noted to have comorbid breast cancer and has undergone mastectomy with radiotherapy and chemotherapy. The request was for inpatient posterior L3-4 decompression fusion and instrumentation with one day length of stay and purchase of bone growth stimulator and thoracic lumbosacral orthotic brace. This was subsequently reviewed on 05/18/11 by Dr. who non-certified the request noting there is no mention of any reflex abnormality. There is a mild disc bulge at L3-4 narrowing the neural foramina with no spinal stenosis. There's no mention of any significant changes between multiple studies. A subsequent appeal request was reviewed on 06/07/11 by Dr. who notes that the claimant has undergone multiple imaging studies in which the treating physician indicates that these demonstrate stenosis a herniated disc at L3-4 with retrolisthesis. These are not consistent with the imaging reports which state that there are no abnormalities in alignment of the lumbar spine a mild bulge at L2-3 and L3-4 with no spinal stenosis identified. These studies note only post-operative changes from previous surgery and neural foraminal narrowing at the L5-S1. He recommends that the claimant undergo independent medical examination to determine the proper course of care. He reports that due to the discrepancy between the imaging studies reports and the treating physician and pending the IME he would uphold the previous denial.

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

The request for inpatient posterior L3-4 decompression fusion and instrumentation with one day length of stay, purchase of bone growth stimulator and thoracic lumbosacral orthotic brace is not supported by the submitted clinical information and the previous determinations are upheld. The submitted clinical records indicate that the claimant has a long standing history of low back pain secondary to a work related injury. She ultimately underwent a two level fusion at L4-5 and L5-S1. Records indicate that the claimant has been maintained on oral medications and periodic interventional procedures. There is a clear discrepancy between the radiologist's interpretation of the imaging studies and that of Dr.. It would further be noted that the records do not contain any lumbar flexion and extension radiographs indicating instability at the L3-4 level. It would also be noted that current evidence based guidelines require that all patients undergoing lumbar fusion be referred for a pre-operative psychiatric evaluation to address any potentially confounding issues which may impact recovery. Based upon the totality of the clinical information the claimant did not meet Official Disability Guidelines for the performance of lumbar fusion at the L3-4 level and therefore this request was not certified as medically necessary and the previous determinations to include post-operative DME have been determined not to be medically necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES