

SENT VIA EMAIL OR FAX ON
Jul/04/2011

Applied Resolutions LLC

An Independent Review Organization
900 N. Walnut Creek Suite 100 PMB 290
Mansfield, TX 76063
Phone: (214) 329-9005
Fax: (512) 853-4329
Email: manager@applied-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/30/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L5/S1 Laminectomy, Posterior Lumbar Interbody Fusion, Posterolateral Arthrodesis and Pedical Screw Fixation with 3-4 day Inpatient Stay

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

Board Certified Orthopedic Surgeon, Practicing 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

OD Guidelines

1. Addendum to designated doctor report dated 02/06/09
2. MRI of lumbar spine dated 08/27/10
3. CT of lumbar spine dated 10/18/10
4. Clinical records Dr. dated 11/16/10-03/15/11
5. Designated doctor evaluation dated 01/03/11
6. DWC form 69 dated 01/03/11
7. Clinic notes Dr. dated 02/17/11-05/17/11
8. Utilization review determination dated 04/21/11
9. Letter of appeal Dr. dated 04/05/11
10. Utilization review determination dated 05/13/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who is reported to have sustained an injury to his low back on xx/xx/xx. It would be noted that the record contains an addendum to designated doctor report which provides xx/xx/xx date of injury.

On 08/27/10 the claimant was referred for MRI of lumbar spine. This study notes bilateral L5

spondylolysis with grade II L5 on S1 spondylolisthesis. There is desiccation and diffuse annular bulging with endplate spondylosis. There is moderate bilateral neural foraminal stenosis related to spondylolisthesis and loss of disc height. The exiting nerve roots are not optimally visualized and may be impinged. There are degenerative changes noted at L1-2 and L4-5.

On 10/18/10 the claimant was referred for CT of the lumbar spine. This study notes spondyloarthritic changes seen throughout the lumbar spine with diffuse bulging at T12-L1, small left paracentral disc protrusion at L2-3, diffuse bulging of disc at L3-4 and L4-5 with no identified spinal canal stenosis. There is bilateral spondylolysis at level of L5 with grade II spondylolisthesis of L5 on S1 as well as marked disc space narrowing and moderate bilateral neural foraminal narrowing.

On 11/16/10 the claimant was seen by Dr.. The claimant presents with complaints of low back pain radiating into bilateral buttocks and anterior thigh. This is reported to have been a result of heavy equipment. He reported having low back scrotal pain with urgency to urinate. He has been diagnosed with prostatitis. He developed pain in the left groin. CT scan was negative. The claimant has been followed by Dr. and D.C. He has been treated with Naprelan and physical therapy. It is reported the claimant has also had 4 epidurals performed by Dr.. These are reported to have helped. Current medications include Clonazepam, Cymbalta, Naproxen, and Hydrocodone. On physical examination he is 67 inches tall and weighs 224 lbs. He is well developed and well nourished. He has antalgic gait. He has 5/5 strength in lower extremities. Reflexes are 2+ at knees and 1+ at ankles. He is reported to have left S1 / S2 hyperesthesia. He was recommended to continue with conservative treatment consisting of oral medications and physical therapy.

The record contains a designated doctor evaluation dated 01/03/11. On examination it is reported that there is increased muscle tone and tenderness in lumbar paraspinal musculature, exquisite tenderness at L4-5 and L5-S1 facet joints, minimal tenderness over the SI joints, and lumbar range of motion has mildly reduced. Patrick's test was negative bilaterally. Sensory was decreased to pinprick and light touch over the plantar aspect of the foot. Reflexes were 2+ and 1+ and symmetric bilaterally. Motor strength was graded as 5/5. Gait was normal as well as static balance. The injured employee was subsequently diagnosed with lumbar strain irritation of the lumbar facet joints at L4-5 and L5-S1. It was reported that the injured employee has undergone conservative management which included 12 sessions of physical therapy and facet blocks at L4-5 and L5-S1. He notes that the injured employee has been treated with oral medications. He indicates that the injured employee is not at maximum medical improvement and opines that the sequela of the injured employee's grade 2 spondylolisthesis is included in the compensable injury.

On 02/17/11 the injured employee was seen by Dr. and presents with some new symptoms including a deep pinching sensation in both legs. At this time on examination lower extremity motor strength is graded as 5/5. Sensation is intact to pin prick, light touch and vibration. Deep tendon reflexes are reported to be absent at the ankles and plus at the knees. The injured employee is recommended to follow up with Dr. regarding his spondylolisthesis. He is provided medications for his peptic ulcer disease.

On 03/15/11 the injured employee was seen in follow up by Dr.. It's reported that injections have previously only had a transient effect. The injured employee's physical examination is unchanged. He subsequently recommends that the injured employee undergo L5-S1 laminectomy posterior lumbar interbody fusion with posterolateral arthrodesis and pedicle screw fixation.

On 05/17/11 the injured employee was seen in follow up by Dr. who opines that the injured employee meets Official Disability Guidelines for the performance of a fusion. On 04/21/11 the request was reviewed by Dr.. Dr. non-certifies the request noting that there were no records to establish or no imaging studies which establish the presence of instability.

On 05/04/11 a letter of appeal was submitted by Dr.. He notes that imaging studies clearly

show grade 2 isthmic spondylolisthesis with foraminal stenosis. He reports that this degree of isthmic spondylolisthesis is by definition unstable in the presence and a set of x-rays will not change that fact. The appeal request was subsequently reviewed by Dr. on 05/13/11. Dr. non-certified the request, and notes that the injured employee did not meet guidelines for radiculopathy or instability.

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

The request for L5-S1 laminectomy posterior lumbar interbody fusion posterolateral arthrodesis and pedicle screw fixation with three to four day inpatient stay is not supported by the submitted clinical information and the previous determinations are upheld. The records indicate that the injured employee has a history of chronic low back pain with radiation to the bilateral lower extremities. He's noted to have a bilateral L5 spondylolysis with a grade 2 L5 and S1 spondylolisthesis. This by definition is not unstable. The fact that there are grade 2 changes there does not indicate that there is instability. Current evidence based guidelines require that the injured employee undergo lumbar flexion extension radiographs and there must be 5mm or greater movement or 5mm or greater translation on flexion extension views to establish the presence of instability. Movement less than this is considered stable and would not meet criteria for operative intervention. It is further noted that the claimant has not undergone a preoperative psychiatric evaluation as required by current evidence based guidelines. The records clearly indicate the claimant has history of chronic pain associated with lumbar complaints, and therefore, preoperative psychiatric evaluation would be indicated to address any potential confounding issues that would hinder recovery. Based on the clinical information provided, the performance of posterior lumbar interbody fusion at L5-S1 with laminectomy and instrumentation is not medically necessary.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES