SENT VIA EMAIL OR FAX ON
Jun/10/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/09/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar Laminectomy Decompression L5/S1 Arthrodesis Posterior Lumbar Interbody

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:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
The injured employee is a male whose date of injury is xx/xx/xx. He stated he was pushing a heavy object and felt a pop in his low back with onset of low back pain. The injured employee subsequently developed bilateral lower extremity pain. Records indicate the injured employee received extensive conservative treatment including pain medications, bed rest, physical therapy, lumbar epidural steroid injections, and bilateral SI selective nerve root blocks, none of which had any significant or long lasting effects. In fact the injured employee reported physical therapy actually made his pain worse. Examination performed 03/04/11 noted the injured employee to be 6'1" tall and weigh 225 lbs. There was no tenderness to palpation of cervical or lumbar spinous processes or bilateral paraspinous musculature. The injured employee has full range of motion of lumbar spine with low back pain exacerbated in extension. Lumbar spine range of motion does not exacerbate any bilateral lower extremity symptoms. Motor strength is 5/5 in bilateral upper and lower extremities. Sensation to light touch was intact in bilateral upper and lower extremities except for hypersensitivity of the bilateral lower extremities in circumferential nondermatomal pattern from hips to feet. Reflexes are 2+/4 in bilateral upper and lower extremities. Hoffman's sign was positive bilaterally. There was no clonus or Babinski sign noted. Gait and station were normal. MRI of lumbar spine performed 10/04/10 revealed extruded left paracentral disc herniation at L5- S1 with posterior displacement of the left S1 nerve root and abutment of the right S1 nerve root. Lumbar discogram performed 01/20/11 was noted to show concordant pain at L5-S1 level with normal control level at L4-5. Flexion extension x-rays of the lumbar spine reported mild lumbar spondylosis at L5-S1 with mild segmental instability at L2-3. The injured employee was recommended to undergo posterior lumbar interbody fusion surgery L5-S1.

A utilization review determination dated 04/07/11 determined the request for lumbar laminectomy decompression L5-S1 arthrodesis posterior lumbar interbody to be non-certified as medically necessary. Rationale noted that medical report dated 03/23/11 noted the injured employee to present with low back pain with paresthesias and weakness in the

bilateral lower extremities. On physical examination there was midline tenderness on palpation of the lumbar spinous processes. There was hypersensitivity in a circumferential non-dermatomal pattern in the bilateral lower extremities. There was no objective documentation in the records that the injured employee had received and failed conservative treatment (physical therapy progress notes, injection responses, pain medication response monitoring). Official psychological screening results were not noted. The injured employee was also noted to be overweight with BMI of 29.68. With these, medical necessity of the request for lumbar interbody decompression L5-S1 arthrodesis posterior lumbar interbody was not substantiated.

A utilization review determination on 04/22/11 found that appeal request for lumbar laminectomy decompression L5-S1 arthrodesis posterior lumbar interbody was not certified as medically necessary. The reviewer noted that there was an adverse determination of a previous review. Previous non-certification was due to lack of documentation of failure of conservative treatments, documentation in medical report dated 03/25/11 indicating the injured employee presents with low back pain with paresthesias, pain and weakness in the bilateral lower extremities. On physical examination there was tenderness to palpation on the lumbar spinous processes at midline with bilateral lower extremity hypersensitivity in a circumferential non-dermatomal pattern. MRI showed extruded left paracentral disc herniation at L5-S1 with left S1 nerve root compression. While it was noted that the 01/11/11 medical report identifies x-rays showing retrolisthesis of L5 on S1 measuring 5mm on extension and neutral on flexion, official x-rays from 02/03/11 showed mild lumbar spondylosis change at L5-S1 and mild segmental instability at L2-3. Treatment was noted to include medication, epidural steroid injection and physical therapy, but there was no clear documentation of associated clinical findings such as loss of relevant reflexes, muscle weakness and/or atrophy of the appropriate muscle groups, loss of sensation in the corresponding dermatomes and formal imaging report identifying lumbar intersegmental movement of more than 4.5mm at L5-S1. Therefore medical necessity was not substantiated.

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

Based on the clinical information provided, the proposed lumbar laminectomy decompression L5-S1 with posterior lumbar interbody fusion is not indicated as medically necessary. The injured employee reportedly sustained an injury to his low back while pushing a heavy object on xx/xx/xx. The injured employee reportedly received extensive conservative treatment including medications, physical therapy, epidural steroid injections and selective nerve root blocks at bilateral S1 without significant benefit. Examination revealed 5/5 motor strength throughout the bilateral upper extremities and bilateral lower extremities. Sensation to light touch was intact except for hypersensitivity to the bilateral lower extremities in a circumferential non-dermatomal pattern from hips to feet. Reflexes were intact. Gait and station were normal. Low back pain was exacerbated in extension, which is indicative of possible facet mediated pain; however, there is no indication that the injured employee had diagnostic facet/medial branch blocks. MRI revealed an extruded left paracentral disc herniation at L5-S1 with posterior displacement of the left S1 nerve root and abutment of the right S1 nerve root. Flexion extension views of the lumbar spine on 02/03/11 reported mild lumbar spondylosis at L5-S1 with no evidence of motion segment instability at this level. There was a mild component of segmental instability at the L2-3 level. Lumbar discogram was noted to be positive for concordant pain at L5-S1, but discography is not considered a pre-operative indication for lumbar fusion based on recent high quality studies. Also there is no documentation that a pre-surgical psychological evaluation was completed addressing confounding issues. As such medical necessity is not established for the proposed L5-S1 lumbar laminectomy decompression arthrodesis posterior lumbar interbody.

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