

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
12001 NORTH CENTRAL EXPRESSWAY
SUITE 800
DALLAS, TEXAS 75243
(214) 750-6110
FAX (214) 750-5825

Notice of Independent Review Decision

DATE OF REVIEW: June 1, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Laminectomy L4-L5, Translumbar Interbody fusion L4-L5, L5-S1, Placement of Interbody Cage L4-L5, L5-S1, Posterior Lateral Fusion L4-L5, L5-S1, Placement of Segmental Instrumentation L4-L5, L5-S1, and Iliac Bone Graft Through Separate Incision for Fusion. CPT Codes: 63047, 63048, 22630, 22632, 22851, 22612, 22614, 22842, and 20937.

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

AMERICAN BOARD OF ORTHOPAEDIC SURGEONS

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

Medical records from the URA include:

- Official Disability Guidelines, 2008
- Clinic, 01/08/08, 02/01/08, 04/04/11
- M.D., 01/16/08, 01/28/08, 02/04/08, 10/18/10
- M.D., 06/01/09
- M.D., 01/25/11, 04/13/11
- Carrier, 04/18/11
- TDI, 05/13/11

Medical records from the Provider include:

- M.D., 01/25/11, 04/07/11

Medical records from the Patient include:

- Mr., 05/18/11
- M.D., 06/01/09, 04/28/11
- M.D., 10/18/10
- Clinic, 01/10/11
- Carrier, 02/02/11, 02/21/11, 04/18/11, 05/03/11
- TDI, 03/04/11
- IRO Case, 03/23/11
- Provider, 04/04/11
- Provider, 03/23/11

PATIENT CLINICAL HISTORY:

The patient is a XX-year-old male, who is status post lumbar laminectomy at L4-5. The patient had an on-the-job injury in 19XX and underwent laminectomy at L4-5. The patient did well until 2007, when he entered a rapidly downhill course. The patient evidently has sustained basically a decompensation of iatrogenic spondylolisthesis at L4-5. The patient has been employed during a portion of this time, but in the latter portion of his treatment he became unemployed and had difficulty receiving appropriate medical treatment.

Presently, the patient is under the care of a neurosurgeon in X, Texas, who has recommended a lumbar laminectomy at L4-5, translumbar interbody fusion at L4-5 and L5-S1, placement of cages at L4-5 and L5-S1, posterolateral fusion, placement of segmental instrumentation from L4-5 to L5-S1, and iliac bone graft through separate incision for fusion.

The certification has recently been denied by M.D., who practices orthopedic surgery with subspecialty in sports medicine. His denial was based on ODG Guidelines. Primarily, the physicians taking care of this patient did not document frank neurological findings that would suit ODG Guidelines.

In reading the history provided by the patient, he gives a thorough documentation of his clinical course. The patient's became severe enough in 2007 that he was forced to quit employment. The patient being medically injured at that time sought treatment at local emergency rooms. The patient tried the non-operative modalities that were afforded to him. The patient, of significance, had cardiac surgery and infection which kept him from being ambulatory for a period of one year. However, following his rehabilitation, the patient again began experiencing progressively increasing severe pain which has significantly affected his ability to work. The patient has been treated with Hydrocodone 10/500, Methocarbamol 500 every six hours, and Gabapropfen. The patient reports he is experiencing numbness in his feet, buttocks, scrotum and penis. The patient reports that when he tries to walk, he experiences numbness in his lower body. The patient reports that when he walks as little as fifty feet, his whole lower extremity becomes numb. The patient has attempted to work, but because of the amount of pain and his neurological complaints he is only able to work four hours a day.

There was a peer review performed by M.D., on January 10, 2011. Dr. had reviewed this complex case and his findings were that the future treatment at this time would only include a neurosurgical evaluation. Dr. also stated the patient was not found to be a surgical candidate and that an evaluation regarding appropriateness for a chronic pain management program should be considered.

However, the patient recently had to undergo a lumbar myelogram which reveals a complete block of cerebrospinal fluid flow at the L4-5 level. This was performed by M.D. In his notation, he noted a large soft tissue mass at L4-5. The block was so severe that it took 45 minutes for the dye to pass through this obstructed area.

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

What has occurred in this patient is that he has had the natural progression of sequela of a decompressive laminectomy at L4-5. Over the past XX years, the patient has developed progressive instability secondary to bone loss and facet arthropathy. The patient has measured instability of at least 7 mm and 1.5 cm, which is noted by his treating physician. The patient has classic symptoms of spinal claudication, including numbness in the buttocks, lower extremities, and in the groin area. However, this was not documented by his treating physician and the review performed by Dr. either did not have the patient's medical biography or chose to ignore his comments.

In summary, the patient has a cauda equina syndrome and is basically a walking time bomb. The patient's myelographic findings and his subjective complaints fit with a classic cauda equina. However, the patient has not developed permanent neurological sequelae, including rectal, fecal or bladder incontinence. If his surgery is further delayed, the patient is at a great risk of these conditions developing. The patient should be allowed to have the recommended procedure. The patient needs to have the L4-5 level decompressed. In light of the fact that he already has pre-existent and significant instability, the patient needs to have that level stabilized. The patient has concomitant intervertebral disc disease at L5-S1. A single-level floating fusion would doom the L5-S1 interspace and require a third procedure.

IMPRESSION

1. Status post lumbar laminectomy at L4-5 with progressive iatrogenic spondylolisthesis at L4-5
2. Impending cauda equina syndrome at L4-5

The recommendations include decompressive laminectomy at L4-5, stabilization procedures as prescribed at L4-5 and L5-S1, with lateral gutter fusions and spinal cages.

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

- ACOEM- AMERICAN 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)