

SENT VIA EMAIL OR FAX ON
Jun/16/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/13/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PSF L3-5; TLIF L3/4; L4/5, Instrumentation L3-L5 and Spinal Monitoring. Appeal 5 day inpatient stay

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

MD board certified orthopedic surgery

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)

PSFL3-5; TLIF L3-4, L4-5, instrumentation L3-L5 and spinal monitoring is medically necessary

Five day inpatient stay is not medically necessary. Guidelines say 3 days is medically necessary.

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 reportedly felt intense low back pain with acute onset of left lower extremity paresthesias. The injured employee also described approximately three months prior to this he was standing on a step stool when it broke causing him to fall on his left knee and back resulting in some increased back and knee pain but had improvement in symptoms and returned to work prior to injury on xx/xx/xx. He has a remote history of lumbar fusion L4-S1 performed in 1983 without instrumentation. MRI of the lumbar spine dated 05/20/09 reported post-operative changes at L4-5, L5 and S1 levels with fusion of the posterior elements; congenitally small central canal related to short pedicles; degenerative changes causing mild central canal narrowing at L3-4 level with bilateral neural foraminal narrowing; bilateral neural foraminal narrowing at L2-3, L4-5 and L5-S1 primarily related to degenerative changes and short facets. CT myelogram of the lumbar spine on 06/09/09 revealed robustly solid L5-S1 fusion; mild left L4-5 facet arthrosis; mild L3-4 and L2-3 annular bulging; no herniation or neural impingement demonstrated. Electrodiagnostic testing on 11/05/10 reported findings of a left L4 lumbosacral radiculopathy both acute and chronic in nature, with no evidence of right lumbosacral radiculopathy. Psychological evaluation dated 07/16/10 reported no contraindications to spinal surgery from a psychological perspective. Treatment to date has included physical therapy, facet blocks and epidural steroid injections. The injured employee was seen on 03/28/11 with continued back and leg pain. Lumbar examination reported range of motion flexion 0-80; extension 0-10; right and left lateral bend 0-30. Gait was antalgic left lower extremity. Motor examination reported weakness 4/5 of the left psoas, quadriceps, anterior tibialis, posterior tibialis and EHL.

Reflexes were 3/3 throughout. Babinski was negative. There was decreased sensation in the left leg. Straight leg raise was positive on the left, negative on the right. Assessment was solid L5-S1 fusion with new EMG evidence of L4 acute radiculopathy, L3-4 central and bilateral foraminal stenosis that correlates to EMG findings, L4-5 foraminal stenosis, failure of physical therapy and injections.

A request for five day inpatient stay; PSFL3-5; TLIF L3-4, L4-5; instrumentation L3-5; and spinal monitoring was determined as not medically necessary. Per medical report dated 07/12/10 the reviewer noted that the injured employee complains of back pain and left leg pain. Physical examination revealed decreased sensory and range of motion of left lower extremity. Treatment has included physical therapy; however there was no recent documentation of associated clinical findings such as loss of relevant reflexes, muscle weakness and/or atrophy of appropriate muscle groups, loss of sensation in the corresponding dermatomes, formal imaging reports showing nerve root pathology and instability and failure of conservative treatment.

An appeal request for PSFL3-5; TLIF L3-4, L4-5; instrumentation L3-5; and spinal monitoring; and five day inpatient stay was reviewed on 05/10/11 and determined as not medically necessary. Reviewer noted that he spoke with, MA. EMG study dated 01/05/10 was noted. Per the reviewer there was no documented radiculopathy on the EMG study in either the right or left tibialis anterior, gastrocs or big toe extensors. CT myelogram from 06/09 revealed robustly solid L5-S1 fusion; mild left L4-5 facet arthrosis; mild L3-4 and L2-3 annular bulging; no herniation or neural impingement demonstrated. Findings were reported as not consistent with reported physical examination findings and the request does not meet Official Disability Guidelines criteria.

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 surgical procedure and spinal monitoring is indicated as medically necessary; however, the request for five-day inpatient stay is excessive and not supported as medically necessary. The injured employee sustained an injury to the low back on xx/xx/xx. His condition has been refractory to conservative treatment including physical therapy, facet blocks, and epidural steroid injection. The injured employee had remote history of L4-S1 non-instrumented fusion. Imaging studies revealed solid fusion at L5-S1. At L4-5 left facet joint shows mild spurring; lateral fusion mass extend to superior L5 facets laterally without interfering with L4-5 facet joint planes. Electrodiagnostic testing reported evidence of left L4 lumbosacral radiculopathy both acute and chronic in nature with no evidence of right lumbosacral radiculopathy. The injured employee has been cleared for surgery from psychological perspective. The most recent examination revealed 4/5 weakness left psoas, quad, anterior tibialis and peroneus brevis, and 3-4/5 EHL weakness. There was decreased sensation in left lower extremity. Per designated doctor evaluation of 01/27/11 by Dr. the injured employee was determined not to have reached maximum medical improvement. The designated doctor determined the injured employee requires laminectomy to treat spinal stenosis and with history of prior fusion, a laminectomy done adjacent to fusion requires extension of fusion. As such, the proposed PSF L3-5 with TLIF L3-4, L4-5 and instrumentation L3-5 with spinal monitoring is indicated as medically necessary. There is no need for 5-day inpatient stay. ODG guidelines would support inpatient stay of 3 days for proposed procedure.

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