

SENT VIA EMAIL OR FAX ON
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Transforaminal Lumbar Interbody Fusion at the L5/S1 with Instrumentation, Cage and Right Posterior Iliac Crest Bone Graft; 3 day Inpatient Hospital Stay

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

Board Certified Neuro Surgeon

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. Utilization review determination MD 01/18/11
2. Office/progress notes MD 08/05/10 through 09/16/10
3. Physical therapy reassessment 09/09/10
4. Peer review MD 01/24/11
5. Utilization review reconsideration determination 02/01/11 DO, DC
6. Office visit notes MD 09/28/10 through 12/03/10
7. MRI of the lumbar spine 12/15/10 and 09/14/10
8. Procedure note right L5 and S1 transforaminal epidural steroid injection 10/13/10

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate the injured employee was lifting trash and battery and hurt his back. The injured employee complains of back pain with pain mainly on the right side with some possible weakness in the right leg. There is no numbness. The injured employee was initially treated with physical therapy, which helped, but his pain returned. MRI of the lumbar spine done 09/14/10 revealed L5-S1 mild broad based posterior disc bulge with bilateral mild facet hypertrophic changes at this

level. At L3-4 there is mild bilateral ligamentous thickening. Repeat MRI performed 12/15/10 reported lumbar spondylosis at L3-4 and L5-S1 resulting in minimal right neural foraminal narrowing at L3-4, with no significant canal stenosis throughout the lumbar spine. The injured employee continued to complain of low back pain radiating to the right leg. On 10/13/10 the injured employee underwent right L5 and S1 transforaminal epidural steroid injection. The injured employee reported for the first week and a half after the injection he had about 75% improvement, but he exacerbated his pain due to work. Examination on 11/02/10 reported spine range of motion decreased secondary to pain, with tenderness in the right side of the lumbar paraspinals. Gait was antalgic. Muscle strength was 5/5 in the upper and lower extremities. Sensation was intact throughout. Reflexes were 2+ in the upper and lower extremities. X-rays on this date were noted to demonstrate no fracture, no dislocation. There was some loss of disc height at the L5-S1 level. The injured employee was seen on 12/03/10 with chief complaint of low back pain radiating down the right leg. The injured employee reports he was seen by an outside neurologist and had an EMG that reportedly had positive findings. Physical examination was unchanged. The injured employee was recommended to undergo transforaminal lumbar interbody fusion at L5-S1 segment.

A utilization review determination by Dr. on 01/18/11 determined the request for transforaminal lumbar interbody fusion at L5-S1 with instrumentation, cage and right posterior iliac crest bone graft and 3-day inpatient hospital stay was non-certified. Dr. noted that physical examination findings showed the patient to have antalgic gait, lumbar spine range of motion, decreased secondary to pain, tenderness to palpation over the right side of lumbar paraspinal muscles. However, Dr. also indicated there was no documentation of recent assessment of the patient showing progressive neurologic dysfunction. Also lumbar spine x-ray series done 08/11/10 did not demonstrate severe structural instability on flexion / extension. Records indicate the patient had poor response to conservative treatment such as physical therapy and medications, but there were no therapy progress notes submitted for review to validate the claimant had sufficient therapy and optimized pharmacologic treatment. It was further noted that psychosocial screening prior to requested procedure was not included in report. Finally the patient was noted to smoke a pack of cigarettes per day, with no mention of cessation from smoking for at least 6 weeks prior to contemplating surgery and during period of fusion healing. As such, medical necessity of proposed procedure was not fully established.

A reconsideration / appeal request for transforaminal lumbar interbody fusion at L5-S1 with instrumentation, cage, and right posterior iliac crest bone graft and 3 day inpatient hospital stay was reviewed by Dr. on 02/01/11, and Dr. again determined the request to be non-certified. Dr. noted no clear documentation of recent comprehensive clinical evaluation that would specifically correlate with diagnosis of lumbar radiculopathy without updated physical examination findings. It was further noted that the official results of recent electrodiagnostic studies of lower extremities were not submitted for review. No documentation was provided with regard of failure of the patient response to conservative treatment such as evidence based exercise program, epidural steroid injection, and medication prior to proposed surgical procedure. There was improvement with activity related pain on last physical therapy progress report. No pre-surgical psychological evaluation was provided. Dr. noted with this the necessity of the request cannot be established at this time.

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

Based on the clinical information provided, the request for transforaminal lumbar interbody fusion at L5-S1 with instrumentation, cage, and right posterior iliac crest bone graft and 3 day inpatient hospital stay is not recommended as medically necessary. The patient is noted to have sustained a lifting injury to low back on xx/xx/xx. Records indicate the patient was treated conservatively with physical therapy, medications and one epidural steroid injection. The patient had improvement in response to physical therapy, and transient relief with epidural steroid injection. MRI of lumbar spine revealed degenerative changes with spondylosis at L3-4 and L5-S1 resulting in minimal right neural foraminal narrowing at L3-4. There was no significant canal stenosis at any level of the lumbar spine. There is no objective evidence of motion segment instability at L5-S1 level. As previously noted, no pre-

surgical psychological evaluation with confounding issues addressed was provided. It was further noted the patient's social history was significant for smoking a pack a day. Per ODG guidelines, injured employee should refrain from smoking for at least 6 weeks prior to surgery and during period of fusion healing. There was no documentation the patient had indeed complied with smoking cessation. Given the current clinical data, the request submitted does not meet Official Disability Guidelines Criteria for lumbar spine fusion, and medical necessity is not established. Accordingly, the previous non-certifications of medical necessity should be upheld on IRO.

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

ACOEM-AMERICA 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)