SENT VIA EMAIL OR FAX ON
May/16/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
May/12/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
2 Level minimally invasive fusion @ L4-5 & L5-S1

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. Records indicate the injured employee stepped out of his truck and into a hole causing him to jar his back. The injured employee had onset of back pain and pain down the legs. MRI of lumbar spine dated 09/22/10 revealed a small central disc herniation at L4-5 with questionable impingement on the nerve root on right. There was a minimally bulging degenerative disc centrally at L5-S1 without impingement. Records indicate that electrodiagnostic testing showed no evidence of lumbar radiculopathy, no sensory or motor polyneuropathy and no lumbosacral plexopathy. The injured employee attended a few sessions of physical therapy which worsened his symptoms. The injured employee was seen in consultation by Dr. on 12/03/10. Medications were listed as Zipsor, Toprol, Plavix, Bayer and MS. Social history was significant for smoking 2 packs a day for the past 25 years. Physical examination reported the injured employee to be 5’10” tall and 185 lbs. The injured employee had normal gait pattern, tandem gait pattern. He can stand on his toes. He has difficulty standing on his heels. He has decreased sensation in both L5 and S1 dermatomes bilaterally. Strength testing showed 4/5 strength with EHL, dorsiflexion bilaterally; 4+/5 with plantar flexion bilaterally. Straight leg raise was positive bilaterally reproducing back and leg pain. He has pain with both flexion and extension and tenderness about the region of L4-5 and L5-S1 bilaterally left slightly worse than right. Radiographs of the lumbar spine performed on 12/03/10 were noted to show five mobile lumbar segments with normal appearing sacroiliac joints. There was no evidence of instability seen with flexion / extension views. The injured employee was recommended to undergo epidural steroid injection. The injured employee was seen in follow-up on 02/14/11 and reports progressive worsening of his pain. The injured employee was noted to have significant decreased sensation in both L5 and S1 dermatomes more so on right side than left side. There was decreased strength in dorsiflexion more on right than left. Straight leg raise was positive bilaterally. Records indicate the injured employee was

denied epidural steroid injection. The injured employee was recommended to undergo a two level fusion at L4-5 and L5-S1.

A utilization review performed on 03/09/11 determined the requested service two level minimally invasive fusion at L4-5 and L5-S1 was non-certified as medically necessary. Rationale noted the injured employee complains of progressive worsening of low back pain with radiation into the legs. Physical examination revealed significant decrease in sensation both in L5 and S1 dermatomes more so on right than the left, decreased strength with dorsiflexion, more on right and positive straight leg raise bilaterally. It was noted the imaging study failed to establish presence of radiculopathy. Likewise, radiographs showed no instability of the lumbar spine. Additionally, the result of electrodiagnostic study was not provided for review. There were no therapy progress reports that objectively document the clinical and functional response of injured employee from previously rendered sessions and if he had sufficient number of physical therapy visits that may have failed. It was also noted that the injured employee is an active smoker, but has not refrained from smoking at this time or for at least 6 weeks prior to surgery and during period of fusion healing.

A reconsideration / appeal request was reviewed on 03/17/11 and determined as non-certified. It was noted there was no official lumbar x-ray or flexion / extension views to document spinal instability, and the MRI report does not reveal evidence of severe degenerative disc disease, spondylolisthesis or disc space collapse that would reasonably benefit from lumbar fusion procedures. It was further noted that optimized pharmaco-therapeutic utilization in conjunction with VAS scoring and rehabilitative support was not evident in the report. Finally, it was noted the injured employee is an active smoker but has not refrained from smoking at this time or for at least 6 weeks prior to surgery. As such, certification for this request 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, medical necessity is not established for two level minimally invasive fusion at L4-5 and L5-S1. The injured employee is noted to have sustained injury to low back on xx/xx/xx. MRI performed on 09/22/10 showed a small central disc herniation at L4-5 slightly to right of midline with questionable impingement on nerve rootlet on right. At L5-S1 there is a minimally bulging degenerative disc centrally without impingement. Electrodiagnostic testing revealed no evidence of radiculopathy, polyneuropathy or plexopathy. X-rays of lumbar spine including flexion / extension views performed on 12/03/10 revealed no evidence of instability. It appears the injured employee had minimal conservative treatment with only 4 visits of physical therapy; however, this reportedly made the injured employee's symptoms worse. On examination the patient was noted to have motor and sensory deficits in the bilateral lower extremities; however, this is not consistent with diagnostic / imaging studies which revealed no significant neurocompressive pathology and no electrophysiological evidence of lumbar radiculopathy. It is further noted that the injured employee smokes 2 packs a day for past 25 years, which is a relative contraindication to lumbar fusion. Guidelines indicate the injured employee should cease smoking for at least 6 weeks prior to surgery and during the period of fusion healing.

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

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

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)