

SENT VIA EMAIL OR FAX ON
Apr/20/2011

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ALIF L5/S1 LOS X 1 day

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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

1. Surgery scheduling slip / check list 02/22/11
2. Work Comp profile
3. Patient profile
4. Behavioral medicine evaluation PhD 03/04/11
5. New patient consultation and follow-up D.O. 11/12/10-03/25/11
6. Urine drug testing
7. MRI lumbar spine 12/07/10 and 03/17/10
8. Procedure note lumbar epidural steroid injection 01/11/11
9. Surgical pathology report 08/25/10
10. Designated doctor evaluation 08/20/10
11. Operative report 08/25/10
12. Follow-up medical evaluation M.D. 07/15/10
13. Initial narrative report and daily chiropractic notes D.C. 11/09/10-12/17/10
14. Prescription 08/25/10 Norco and Ambien
15. Notice of disputed issues and refusal to pay benefits 03/09/11

16. Utilization review determination M.D. 03/09/11
17. Reconsideration / appeal utilization review determination M.D. 03/21/11
18. Company response regarding disputed services 04/07/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who is noted to have sustained a lifting injury to low back on xx/xx/xx. He failed to respond to conservative treatment. MRI of lumbar spine on 03/17/10 revealed broad based posterior disc herniation at L5-S1 with mild impingement on the right S1 nerve root without mass effect. There is mild impingement on both exiting L5 nerve roots. Moderate facet joint disease was also noted at this level. The injured employee failed to improve with conservative treatment and underwent surgical intervention with L5-S1 discectomy on 08/25/10. The injured employee was seen for new patient consultation by Dr. on 11/12/10 with complaints of low back pain and right leg pain as well as numbness. On examination the injured employee was noted to be 6 feet tall and 256 lbs. The injured employee had antalgic left sided limp. He had difficulty walking on toes and heels due to pain and paresthesias in right lower extremity. There as significantly positive right straight leg raise and negative left straight leg raise. Deep tendon reflexes were normal. Deep tendon reflexes were normal. Sensation was completely absent at the S1 dermatome on the right side, left side normal. He had negative log roll. Incision appears to be well healed. There was significant tenderness about the region of L4-5 and L5-S1. Repeat MRI on 12/07/10 revealed postoperative changes right laminectomy and right paracentral discectomy at L5-S1. There are significant enhancing granulation tissues within the right lateral recess extending to the right laminectomy site. There was no residual or recurrent focal disc protrusion; however, the enhancing granulation tissue surrounding the right descending S1 nerve root which is enlarged and enhances. There is no loculated fluid collection. There is desiccation and mild disc space narrowing at this level. There are minimal annular disc bulges at L3-4 and L4-5 causing no significant neural impingement. Patient underwent epidural steroid injection on 01/11/11. Patient was seen in follow up on 02/22/11 and still had complaints of pain in the back radiating to the foot. Patient was recommended to undergo L5-S1 fusion procedure.

A utilization review by Dr. on 03/09/11 determined the request for inpatient ALIF L5-S1 LOS one day was non-certified. Dr. noted that there was documentation of back pain radiating to the foot, weakness in the right foot with dorsiflexion, some numbness and conservative treatment including activity modification, medication, physical therapy and epidural steroid injection. Physical examination revealed difficulties walking on toes and heels due to pain and paresthesia in the right lower extremity, significant positive straight leg raise on the right and negative on the left, and sensation completely absent at the S1 dermatome on the right side. 11/12/10 x-rays revealed normal appearance to the pedicles, no evidence of instability seen and disc space narrowing at L5-S1 with normal appearing SI joints. Repeat MRI on 12/07/10 revealed postoperative changes right laminectomy and right paracentral discectomy at L5-S1. There are significant enhancing granulation tissues within the right lateral recess extending to the right laminectomy site. There was no residual or recurrent focal disc protrusion; however, the enhancing granulation tissue surrounding the right descending S1 nerve root which is enlarged and enhances. There is no loculated fluid collection. There is desiccation and mild disc space narrowing at this level. There are minimal annular disc bulges at L3-4 and L4-5 causing no significant neural impingement. Behavioral medicine evaluation on 03/04/11 revealed the patient is cleared for surgery with fair prognosis for pain reduction and functional improvement. Dr. noted however there was no documentation of a diagnosis/condition with supportive subjective/objective/imaging findings for which fusion is indicated such as instability. Therefore medical necessity of the request was not substantiated.

A reconsideration/appeal request was reviewed on 03/21/11 by Dr. who determined the request to be non-certified. Dr. noted that upon review of the report there was still no documentation of lumbar spine instability. Dr. further noted there were no therapy progress reports that objective document the clinical and functional response to the patient from previously rendered sessions.

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 ALIF L5-S1 with one-day inpatient stay is not recommended as medically necessary. Patient sustained a lifting injury in xx/xx. After failing a course of conservative care, the patient underwent L5-S1 laminectomy and discectomy on 08/25/10. Patient continued to complain of low back pain and leg pain involving the right leg as well as numbness. MRI of the lumbar spine on 12/07/10 revealed post-operative changes at L5-S1 with no residual or recurrent focal disc protrusion. There was a significant enhancing granulation tissue surrounding the right descending S1 nerve root. On examination on 11/12/10 the patient was noted to have difficulty walking on toes and heels due to pain and paresthesias in the right lower extremity. Straight leg raise was significantly positive on the right. Deep tendon reflexes were normal. Sensation was completely absent in the S1 dermatomal distribution on the right. X-rays performed on 03/25/11 including flexion and extension views were noted to show some instability at L5-S1; however, this was not quantified. There was some vertical instability with collapse of disc space also noted, but again this was not otherwise detailed, and no radiology report was submitted for review. Per ODG guidelines, lumbar fusion may be an option after two failed discectomies at the same level. This injured employee has only had one surgery at L5-S1 level according to the documentation presented. Given the current clinical data, the request for anterior lumbar interbody fusion at L5-S1 with 1-day length of stay is not indicated as medically necessary.

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)