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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Laminectomy, Discectomy, Arthrodesis w Cages, Posterior at L4-L5-S1 x LOS 2 Days

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

MD, Board Certified Orthopedic 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

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have sustained multiple injuries on xx/xx/xx. On this date she is reported to have been employed as a and was struck by a car twice with a subsequent third attempt made but unsuccessful. The claimant is reported to have sustained injuries to her neck, her low back and left knee. Records indicate that the claimant has been under the care of multiple providers for her conditions. She is noted to be status post cervical fusion, which was performed on 01/27/10. She was recommended to undergo left knee surgery, which was not approved on IRO. The records contain a lower extremity EMG/NCV study dated 08/14/08. This study reports mild acute irritability in the bilateral L5 and S1 motor roots with slightly greater change in the left S1 and S2 distributions and leg strength leg sampling. It is reported that there's rather striking involvement of the lower sacral motor roots based upon external anal sphincter sampling consistent with bowel and bladder dysfunction. Despite a report of disc abnormality at the L4-5 level there is no involvement of the L3 or L4 motor roots noted. The records contain an unsigned note, which reports that the claimant would be at statutory maximum medical improvement on 09/29/09.

It is reported that three months after the accident, she began to notice spontaneous urinary incontinence and reports several episodes of fecal incontinence without warning at all. It is noted that the claimant has an extremely bizarre irregular voiding pattern with minimal residual urine. The impression was that the study was grossly abnormal with severe stress incontinence and hyperactive uninhibited bladder.

The records contain radiographic report of lumbar spine with flexion and extension radiographs dated 03/16/09. It is reported that on the lateral flexion extension views there is segmental instability at L2-3, L3-4, L4-5 and L5-S1. It was reported at L2-3 there is 3mm of retrolisthesis and only 1-2mm of retrolisthesis in flexion at L3-4. There is 3mm of retrolisthesis in extension neutral alignment in flexion. At L4-5 there is 2mm of anterolisthesis of flexion in neutral alignment and extension. At L5-S1 there is 3mm of anterolisthesis in flexion and near normal alignment in extension. There is sclerosis of the facet joints and

posterior elements from L2-3 through L5-S1.

MRI of the lumbar spine was performed on 03/24/09. This study reports mild disc desiccation at L1-2 with no significant central or foraminal stenosis. At L2-3 there is moderate disc desiccation with mild loss of vertical disc height 2mm of retrolisthesis 3mm in the AP dimension left paracentral disc herniation and mild ventral impression on the thecal sac. There is no significant central or foraminal stenosis. At L3-4 there is mild disc desiccation with normal sagittal plane alignment 2mm in AP dimension posterior annular disc bulge and annular tearing with no significant central canal or foraminal stenosis. At L4-5 there is mild disc desiccation with a normal sagittal plan alignment 2-3mm AP dimension concentric annular bulge with posterior annular tearing and no significant central canal or foraminal stenosis. At L5-S1 there is moderate disc desiccation with mild loss of vertical disc height 3mm in AP dimension central disc herniation with no significant central or foraminal stenosis. There is clumping of the lumbosacral nerve roots below L4.

On 09/01/09 the claimant was seen by Dr.. Dr. reports that the claimant has neck pain and bilateral arm pain worse on the left than the right lower back pain and leg pain which is present bilaterally greater on the left than the right. She is under the treatment of DC. It is reported that she was hit twice by a car in the parking lot at the Hospital while a person was trying to get away. She's been seen and treated conservatively for the last two years. She was seen and treated and had a work up and is scheduled for cervical spine surgery but because he was dropped from the workman's comp system she is referred here for surgery of the cervical spine. She had work up to include EMG/NCV. She has failed epidural steroid injections as well as physical therapy. She is further noted to have back and leg pain. She is reported to have disc herniations at C4-5, C5-6 and C6-7. She is noted to have EMG/NCV abnormal for bowel and bladder and lower nerve roots and failed epidural steroid injections of the cervical and lumbar spine. She is reported to have undergone psychiatric evaluation and passed. On examination she has paravertebral muscle spasms of the lower cervical and upper thoracic area trigger point levator scapula on the left, the mid portion of the trapezius on the left. She has a positive compression test, negative Lhermitte's, positive shoulder abduction test on the left, decreased biceps and brachioradialis jerk on the left, mild weakness in elbow flexion, wrist extension. She was recommended to undergo ACDF at C4-5, C5-6 and C6-7.

The records contain a clinical note from Dr. dated 06/10/10. It is noted that the claimant has had cervical epidural steroid injections with Dr., which provided minimal relief. She subsequently underwent cervical fusion by Dr.. She reports she had 50% relief with her surgery. Her range of motion is decreased. She complains of having bowel and bladder incontinence. She reports 9/10 pain levels. She is previously treated with physical therapy chiropractic TENS and interventional procedures. Dr. subsequently recommends that the claimant undergo L4-5 transforaminal epidural steroid injections.

On 06/22/10 the claimant was seen in follow up by Dr.. She is reported to be five months post op with trouble swallowing. She's been approved to see an ENT Dr.. Once this has been evaluated she will proceed with surgery on her low back. Radiographs of her cervical spine report arthrodesis with internal fixation at C4-5, C5-6 and C6-7 with hardware in good position.

On 03/29/11 the claimant was seen in follow up by Dr.. She is reported to be ambulatory without assistive devices, has an antalgic gait. Her neck symptoms have resolved as far as her dysphasia. She's quite happy with her surgical results in the neck. She wants to proceed with treatment for her lumbar disc herniations at L4-5 and L5-S1. It is reported that she has clinical instability at L4-5 and L5-S1 associated with bowel bladder dysfunction and radiculopathy of the lower extremity greater in the right. She's had lumbar flexion extension radiographs, which are reported to show instability from L2 through S1. Dr. opines that the claimant has vertical collapse at L4-5 and L5-S1 and opines that there is instability present. On Physical examination she is reported to have a positive spring test, positive sciatic notch tenderness bilaterally, negative fort and finger test, positive extensor leg, positive flip test, positive Braggard's on the left. There is a hypoactive knee jerk on the left, absent posterior tibial tendon jerk bilaterally, hypoactive ankle jerk on the left. She subsequently is recommended to undergo lumbar spine reconstruction.

The records contain an EMG/NCV of the anal sphincter. It is noted the test is mildly abnormal because of diminished recruitment of motor units in external anal sphincter but is otherwise normal. There is no convincing evidence of lower motor neuron problem causing her incontinence.

The request for surgery was initially reviewed on 04/15/11. The reviewer Dr., who is Board Certified in Orthopedic Surgery notes no preoperative psychological evaluation was submitted for review to establish the claimant was appropriate candidate for surgical intervention.

The peer request was reviewed by Dr. Board Certified in Orthopedic Surgery and a practicing Neurosurgeon on 04/27/11. Dr. notes that the claimant was to undergo IME; however, no IME report was submitted for review. He notes there is no presurgical psychological evaluation. He reported pending receipt of IME report and completion of presurgical psychological screening, the procedure is not recommended as medically necessary.

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

The reviewer finds there is no medical necessity at this time for Lumbar Laminectomy, Discectomy, Arthrodesis w Cages, Posterior at L4-L5-S1 x LOS 2 Days. A review of the clinical record indicates the claimant has undergone exhausted conservative treatment to cervical and lumbar spines, and she is status post multilevel ACDF. Records note a long-standing history of reported incontinence which is not wholly validated by most recent EMG/NCV study of anal sphincter. It is additionally noted that the claimant has vertical collapse with reported instability. However, the anterior and posterior translation does not meet AMA Guidelines for criteria of instability. The record does not contain a recent psychological evaluation as required by ODG for patients who are to undergo spinal fusion procedures. In addition to this, per Dr.'s note dated 03/29/11, the claimant was pending independent medical examination being performed in Austin the following week. The results of this report are clearly germane to the discussion regarding surgical intervention. In the absence of instability at the requested surgical levels, a recent psychological evaluation and results of IME, the request would not meet ODG guidelines for the procedure. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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)