

MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: November 10, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar laminectomy with fusion and instrumentation at L5-S1; length of stay 1 night;
purchase of TLSO back brace

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

Diplomat, American Board of Orthopaedic Surgery
Fellowship trained in spine surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Utilization reviews (09/23/11 – 10/06/11)
- Office visits (05/16/11 – 10/12/11)
- Diagnostics (02/25/11 – 08/09/11)
- Diagnostics (02/25/11 - 09/06/11)
- Therapy (08/10/11 – 08/18/11)
- Reviews (07/20/11)
- Office visits (08/24/11 – 09/15/11)
- Utilization Reviews (09/23/11)
- Diagnostic studies (02/21/11 – 08/19/11)

[ODG has been utilized for the denials.](#)

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant is a gentleman who is working for and had a work incident occur on xx/xx/xx, when he was struck in the back by tongs. He apparently fell approximately several feet to the ground. The patient subsequently had an evaluation on February 25, 2011, with MRI done at noting L5-S1 disc bulge with encroachment towards the left neural foramen but otherwise considered normal.

The patient came under the care of apparently a neurosurgeon, who noted the patient had had the MRI and had undergone care at Southwest Back Clinic. The patient had had a work hardening program. The patient underwent the epidural steroid injection, which only helped for one or two days. noted the patient had degenerative disc disorder and proposed non-operative care be continued.

On June 23, 2011, a neurosurgeon evaluated. He noted that the straight leg raise testing was positive bilaterally and that there was an antalgic gait. proposed that the patient was needing a lumbar myelogram CT scan which was completed and showed disc bulging at L3-L4, L4-L5 and L5-S1 on the myelogram. Per the post-myelogram CT scan showed L3-L4 to have ill-defined soft tissue density adjacent to the left articulating facet. There was also superimposed left paramedian disc bulge producing left foraminal stenosis on the left as well as mild foraminal narrowing on the right. At L4-L5, there was a prominent broad-based disc bulge versus herniation and facet hypertrophy as well as ligamentum flavum thickening with triangular configuration of the thecal sac and bilateral foraminal stenosis. L5-S1 showed vacuum disc phenomena with loss of disc height and a central and left paramedian disc herniation with mild ventral deformity of the thecal sac. There was finding of bilateral foraminal stenosis.

on review of this study authored a letter to that the patient had mainly the central defect at L5-S1 and compression of the left L5 and S1 nerve roots.

An electrodiagnostic study was interpreted by. There is no indication that the patient was seen by and the referring M.D. was listed as Who performed the actual electrodiagnostic technical portion is not stated. reported that there were positive sharp waves in the paraspinals although no further localization is provided. There were also positive sharp waves as reported in the gastroc of 1+. There were no fibrillations however.

on September 15, 2011, noted that the patient was incapacitated and that he would require L5-S1 decompression fusion and instrumentation for treatment.

The patient underwent utilization review by as well as. This surgical intervention was not certified as a medical necessity. One of the issues was the lack of psychological assessment as a preliminary study for this proposed fusion surgery.

performed the psychological assessment on October 7th and 12th 2011. He noted the patient's history and also that the patient had been a previous smoker but was currently utilizing snuff.

On July 20, 2011, performed a designated doctor exam noting that the patient's care had been that of passive and active chiropractic care. He considered that the patient had not reached MMI.

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

The proposed surgical intervention at L5-S1 to include discectomy and then fusion with instrumentation would create increased stressors for the L4-L5 segment. However, the L4-L5 segment as noted by had significant issues already as does L3-L4. Moreover, the basis of the patient's pain being that of L5-S1 is not confirmed. In addition, the patient is also utilizing tobacco, although smokeless, he still has nicotine absorption. The necessity for a spine fusion at L5-S1 is not confirmed by these records and correlation with the ODG. Moreover, since there is no necessity for the fusion confirmed, there would be no necessity for the TLSO back brace.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES