

SENT VIA EMAIL OR FAX ON
Nov/03/2011

Applied Resolutions LLC

An Independent Review Organization
900 N. Walnut Creek Suite 100 PMB 290
Mansfield, TX 76063
Phone: (214) 329-9005
Fax: (512) 853-4329
Email: manager@applied-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Laminectomy L2-S1 2/TF Lumbar Interbody Fusion L2-3, 3-4 and psychological Evaluation

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

Orthopedic spine 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

Preauthorization review 09/29/11

Preauthorization appeal review 10/10/11

Operative report anterior cervical discectomy and fusion C5-6, C6-7 12/16/09

Office notes Dr. 07/24/09

Initial consultation and follow up notes Dr. 09/15/09-09/16/10

MRI cervical spine 09/29/09

MRI lumbar spine 11/12/09

Microbiology report 12/04/09

Cervical spine C-arm fluoro in OR 12/16/09

Cervical spine x-rays 12/17/09

Surgical pathology report 12/21/09

Cervical spine x-rays AP and lateral 04/22/10

CT myelogram lumbosacral 09/16/10

X-rays 7 views lumbosacral spine 08/15/11

Independent medical examination Dr. 11/22/10

C4 request for authorization

Psychological evaluation Dr. 07/21/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male whose date of injury is xx/xx/xxxx. He is noted to have a long history

of low back pain having undergone two operations in the spine in 1999 and 2003. The claimant is also status post ACDF C5-6, C6-7 performed 12/16/09. Most recent office note dated 09/16/10 indicates the claimant is currently dealing with increased pain in the low back and left greater than right leg discomfort. He is reported to have tried numerous forms of conservative treatment including PT, chiropractor, TENS unit, massage, and cortisone injections without significant relief. The patient is on multiple medications including Flexeril, hydrocodone, Robaxin, Cymbalta, Simvastatin, Neurontin, Oxycodone and Fentanyl. On examination the claimant is noted to be 73 inches tall and 300 pounds. Musculoskeletal exam reported spine normal to palpation; normal posture; no obvious instability. Neurological examination reported cranial nerves II-XII intact. Motor strength in the lower extremities revealed 4+/5 hip abductor and adductor bilaterally; 3/5 left hip flexor, 5/5 on the right; 4/5 hip extensor bilaterally; quadriceps 3/5 on the left and 5-/5 right; 4/5 hamstring left, 5/5 right; 4/5 left gastrocnemius, 5/5 right; 3+/5 left EHL, 5/5 right; anterior tibialis 5-/5 bilaterally. DTRs were normal and diminished bilaterally. Sensation was diminished in the left lower extremity. The claimant was unable to tandem walk. Lumbar myelogram findings revealed no evidence of spondylolisthesis and alignment unchanged with flexion and extension. There is no evidence of nerve root sheath truncation. Post myelogram CT performed on 09/16/10 revealed degenerative disc disease at L2-3 and L3-4. At L2-3 there is a left laminectomy defect, with diffuse disc bulge with left intraforaminal involvement resulting in central canal and left neural foraminal narrowing. At L3-4 there is a diffuse disc bulge with facet hypertrophy resulting in central canal and neural foraminal narrowing. At L4-5 there is moderate bilateral neural foraminal narrowing with facet arthropathy. X-rays of the lumbosacral spine on 08/15/11 revealed degenerative disc space narrowing at multiple levels without evidence of compression fracture or spondylolisthesis. Flexion/extension views demonstrated decreased range of motion without change in alignment. No spondylolysis is demonstrated. A psychological evaluation performed 07/21/11 determined that the claimant meets the psychological criteria for being considered as a candidate for further invasive surgery; however, the claimant needs to abstain from alcohol consumption if he is to undergo any significant invasive procedure.

A preauthorization review performed 09/29/11 regarding lumbar laminectomy L2-S1 with transforaminal lumbar interbody fusion L2-3, L3-4 was determined not to meet medical necessity guidelines. The reviewer noted that the proposed multilevel laminectomy and fusion cannot be supported as medically necessary for this claimant with a long complicated history of low back complaints dating back to 1995. More recently he is with no clinical evidence on imaging that would warrant the proposed fusion. There also is no recent office evaluation from the treating physician. Based on the lack of clinical instability on imaging and current physical examination from the treating physician, the proposed surgery cannot be supported as medically necessary at this time. As such, there can be no indication for a psychological evaluation.

A reconsideration/appeal request was reviewed on 10/10/11 and again the requested treatment was determined as not meeting medical necessity guidelines. The reviewer determined that the appeal request for lumbar laminectomy L2-S1 2/TF lumbar interbody fusion L2-3, L3-4 and psychological evaluation is not recommended as medically necessary. The records indicate that the claimant injured his low back while lifting an air conditioner. CT myelogram dated 09/16/10 showed postoperative changes; degenerative disc disease at L2-3 and L3-4; L3-4 diffuse disc bulge with facet hypertrophy resulting in central canal and neural foraminal narrowing; L4-5 moderate bilateral neural foraminal narrowing with facet arthropathy. There is no evidence of motion segment instability of the lumbar spine on flexion/extension films. No current physical examination was provided as the most recent note from the requesting provider is from over one year ago. There is no documentation of recent conservative care. It was noted that the claimant does not appear to have had more than one surgery at any level. It was further noted that previous psychological evaluation on 07/21/11 determined the claimant meets psychological criteria for being considered a surgical candidate but needs to abstain from alcohol consumption if he is to undergo any significant invasive procedure. Based on the clinical information provided, medical necessity is not established. A peer to peer discussion with the requesting provider noted the claimant has significant degenerative disc disease L2-3 and L3-4 with associated facet degenerative

disease. The claimant was noted to have had two previous surgical procedures with an L3-4, L4-5 laminectomy and an L2-3 laminectomy and discectomy. The claimant has ongoing significant axial back pain which has failed conservative treatment. In the case discussion, the psychologist's notation of the claimant's alcohol consumption was discussed and the requestor indicated he would look into this and respond. Non-certification of the request was recommended. Because adverse determination for surgery is rendered, an adverse determination for any associated preoperative clearance also is rendered.

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 Lumbar laminectomy L2-S1 2/TF lumbar interbody fusion L2-3, 3-4 and psychological evaluation is not indicated as medically necessary. This is an injury that occurred over 16 years ago. The claimant has a history of previous lumbar surgery x 2. He also underwent ACDF C5-6, C6-7 in 12/09. He continues to complain of low back pain and left greater than right leg discomfort. Lumbar myelogram on 09/16/10 revealed no evidence of spondylolisthesis and alignment is unchanged with flexion and extension. Post myelogram CT revealed degenerative disc disease at L2-3 and L3-4 with diffuse disc bulges at both levels and facet hypertrophy. There is central canal and neural foraminal narrowing (mild to moderate). There is no evidence of subluxation or change in alignment on flexion/extension radiographs. There is no current physical examination submitted for review, with most recent office/progress note dated 09/16/10. There also is no documentation of recent conservative care. Psychological evaluation on 07/21/11 indicated the claimant does meet psychological criteria for being considered a candidate for further invasive surgery, but needs to abstain from alcohol consumption if he is to undergo any significant invasive procedure. There is no indication the claimant has stopped consuming alcohol, as he was noted at that time to be drinking a 12 pack of beer nightly to help dull his pain. Given the current clinical data, medical necessity is not established.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES