

SENT VIA EMAIL OR FAX ON  
Nov/09/2011

## Pure Resolutions Inc.

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Nov/08/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
2 day inpatient stay for posterior interbody lumbar fusion with instrumentation at L5/S1

**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**

## **PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who is reported to have sustained injuries to her low back on xx/xx/xx. On the date of injury she was employed as. She is reported to have slipped and fallen on ice resulting in injury to right side of her low back. Records indicate the claimant was ultimately identified as having a moderate sized L5-S1 HNP with extruded fragment. She received physical therapy and was later provided steroid injections and oral medications. She subsequently underwent microdiscectomy and laminectomy on 05/27/03. She later is reported to have improved. She apparently returned to work and had no symptoms until motor vehicle accident on xx/xx/xx when she was rear ended. She subsequently has had on and off low back pain. Records indicate the claimant has undergone extensive conservative treatment including oral medications, physical therapy and injections. The claimant came under the care of Dr. who ultimately recommended the claimant undergo L5-S1 fusion. This request was denied under utilization review and subsequently went to IRO on 02/28/11. The IRO subsequently non-certified the request and upheld the two prior determinations. The record includes MRI of lumbar spine dated 09/15/11. This study notes a broad based posterior disc protrusion with mild facet arthropathy at L4-5 with mild central canal and bilateral neural foraminal narrowing. At L5-S1 there is broad based posterior disc protrusion with mild endplate ossific ridging. There is mild facet arthropathy. The central canal is decompressed by laminectomy. The neural foramina are mildly narrowed. Dr. subsequently submitted a new request for posterior lumbar interbody fusion with instrumentation at L5-S1 with 2 day inpatient stay.

The initial review of this case was performed by Dr. Dr. non-certified the request noting that on 02/28/11 an independent review organization decision upheld denial for previous request for same procedure as no instability had been demonstrated. On 09/18/11 clinic note was additionally reviewed and offers no further explanation as to why the same surgery just different approach is recommended. Peer to peer consultation occurred with Dr.. Dr. opines the pain is solely from L5-S1 vertical instability. This is poorly established in medical literature. The evaluator notes the request is not different than those prior decided at IRO level. He noted no attempt at presurgical psychiatric screen is noted in any recent or remote clinic notes.

On 10/17/11 the appeal review was performed by Dr.. Dr. non-certified the request noting the ODG guidelines do not support lumbar fusion without documentation of instability. The claimant has no instability by MRI. He notes the physician advisor completed a peer to peer conversation with Dr. on 10/14/11. The case was discussed based on documentation submitted for review and discussion with Dr., L5-S1 posterior lumbar interbody fusion with instrumentation would not be supported by ODG guidelines.

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

The request for 2 day inpatient stay for posterior interbody lumbar interbody fusion with instrumentation at L5-S1 is not supported by the submitted clinical information, and the previous utilization review determinations are upheld. The records indicate the claimant sustained an injury to her low back which resulted in L5-S1 disc herniation with extruded fragment. The claimant was subsequently taken to surgery in 2003 by Dr. and had excellent outcome and asymptomatic until involved in motor vehicle accident occurring in xxxx. Since that time period she has had intermittent and later progressively worsening symptoms. A previous request was placed in 01/11 for performance of lumbar interbody fusion which was not supported on utilization review and subsequently upheld by IRO, case. The new request represents a new surgical approach with same clinical information. The record does not provide any data to establish there is instability at L5-S1 level. As such, the claimant would not meet criteria per ODG for performance of procedure. The record does not indicate preoperative psychiatric evaluation was performed on 04/19/11. Based on the clinical information provided, the request does not meet Official Disability Guidelines, and therefore, the previous utilization review determinations were appropriate and are 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)