

SENT VIA EMAIL OR FAX ON  
Oct/13/2011

## **P-IRO Inc.**

**An Independent Review Organization**  
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### **NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE OF REVIEW:**

Oct/13/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

L5/S1 posterior interbody fusion with pedicle screw fixation for decompression and stabilization (2 day hospital stay)

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

Neurosurgery

**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 male whose date of injury is xx/xx/xxxx. Records indicate he was standing on a 5 gallon bucket and fell injuring his back. The claimant was noted to have had 2 physical therapy sessions. MRI of lumbar spine on 08/10/11 reported bilateral L5 spondylolysis and grade I L5-S1 spondylolisthesis, L5-S1 disc bulging and broad based posterior disc extrusion, bilateral neural foraminal stenosis with exiting L5 nerve root impingement in the foramina. Physical examination on 08/31/11 reported motor function grossly intact. There may be some trace weakness in right L5 innervated group which is

brought out by heel walking.

A request for L5-S1 posterior interbody fusion with pedicle screw fixation for decompression and stabilization with 2 day hospital stay was reviewed on 09/09/11 and non-certified. The reviewer noted that no significant conservative treatment has been given with only 2 sessions of physical therapy utilized. Neurologic and physical examinations do not indicate significant deficit. It also noted that the claimant is a pack a day smoker. Request was not supported by guidelines, and non-certification was recommended.

An appeal request for L5-S1 posterior interbody fusion with pedicle screw and fixation for decompression and stabilization with 2 day inpatient stay was reviewed on 09/23/11 and non-certification recommended. It was noted that MRI of lumbar spine showed bilateral L5 spondylolisthesis with disc bulge and broad based posterior disc protrusion at L5-S1. There is bilateral neural foraminal stenosis with exiting L5 nerve root impingement. The claimant was seen on 08/31/11 and noted to smoke a pack of cigarettes per day. Motor function was grossly intact at that time. There is some trace weakness in the right L5 innervated group demonstrated by heel walking. Prior review denied the request secondary to no conservative treatment, the patient's smoking habit, and lack of neurologic deficits. The reviewer noted the claimant has a grade I spondylolisthesis as demonstrated on imaging. He also has disc bulge and extrusion at L5-S1. He has undergone 2 physical therapy sessions, and has been on Ibuprofen and Cyclobenzaprine, but details of medications including strength, dosages, and duration was not demonstrated. The claimant was noted to have back and leg pain, but motor function appeared grossly intact. There was some trace weakness in right L5 innervated group brought out by heel walking. There was no indication the claimant had changes in reflexes. No significant functional deficits in motor strength, sensation and reflexes were documented. It was noted the spondylolisthesis has not been demonstrated to be unstable. Also, psychological evaluation has not been submitted with the medical records. As such, the request for interbody fusion L5-S1 with pedicle screw fixation for decompression, stabilization, and 2 day hospital stay does not meet guidelines and is non-certified.

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

Medical necessity is not established for the proposed L5-S1 posterior interbody fusion with pedicle screw fixation and 2 day inpatient stay. The claimant sustained an injury to low back on xx/xx/xx when he fell off a 5 gallon paint bucket. MRI of lumbar spine revealed bilateral L5 spondylolysis with grade I L5-S1 spondylolisthesis. There is disc bulging and broad based posterior disc extrusion at L5-S1 with bilateral foraminal stenosis with exiting L5 nerve root impingement in the foramina. However, no flexion / extension films were documented with evidence of motion segment instability at the L5-S1 level. It appears the claimant only had minimal conservative treatment with 2 sessions of physical therapy. There was no evidence of motor or sensory changes on physical examination. It was reported as grossly intact, noting, "there may be some trace weakness" brought out by heel walking. Records also reflect no presurgical psychological evaluation addressing confounding issues was provided. Given the current clinical data, the proposed surgical procedure with 2 day inpatient stay is not indicated as medically necessary at this time.

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

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**