

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: October 19, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Formal Lumbar Laminectomy at L3, lateral transverse process fusion with bone morselized, 60 ml of cancellous bone chips, Non Oss BA and BioSet from L3, L4, L5 and possibly S1; with post-operative hospital stay of 5 days. CPT Codes: 22612, 22614, 69990, 63047, 63048, 20931 and 38220.

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

AMERICAN BOARD OF NEUROLOGICAL SURGERY

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

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- M.D., 11/30/10, 01/17/11, 01/24/11, 02/28/11, 03/18/11, 03/28/11, 04/01/11, 04/26/11, 06/21/11, 08/02/11, 09/08/11
- M.D., 01/15/11
- Rehabilitation, 01/31/11
- M.D., 03/29/11
- Diagnostic Center, 04/21/11, 06/13/11
- Medical Center, 07/20/11
- 08/23/11, 09/15/11

Medical records from the Provider include:

- Medical Centers, 02/22/10, 02/24/10, 02/25/10, 03/01/10, 03/03/10, 03/04/10, 03/05/10, 03/08/10, 03/17/10
- Imaging, 03/12/10
- M.D., 03/30/10, 04/30/10, 05/07/10, 07/16/10, 07/26/10, 08/09/10, 08/13/10, 08/23/10, 09/02/10, 09/03/10, 09/24/10, 10/15/10, 11/30/10, 01/17/11, 01/24/11, 02/28/11, 03/18/11, 03/28/11, 03/30/10, 04/01/11, 04/26/11, 06/21/11, 07/20/11, 08/02/11, 08/18/11, 08/23/10, 08/23/10, 09/08/11, 09/30/10, 08/02/11
- Health Methodist, 04/30/10
- Medical Center, 07/20/10, 08/13/10, 08/23/10, 10/11/10, 07/20/11
- Texas Workers' Compensation Work Status Report, 08/09/10, 09/24/10, 11/15/10, 01/17/11, 04/01/11, 06/21/11, 08/02/11, 09/16/11
- Rehabilitation, 10/21/10, 11/10/10, 11/22/10, 11/24/10, 11/29/10, 12/03/10, 12/08/10, 12/15/10, 01/05/11, 01/07/11, 01/10/11, 01/12/11, 01/14/11, 01/31/11, 02/15/11, 04/08/11
- M.D., 01/14/11
- X-ray of the Lumbosacral Spine, 01/14/11
- M.D., 03/29/11
- Pharmacy, 03/30/10
- Note, 03/26/11, 04/15/11
- Diagnostic Center, 04/18/11, 04/21/11, 06/13/11
- Pharmacy, 09/09/10, 10/21/10, 12/01/10, 12/29/10, 02/07/11, 09/29/10, 03/08/11, 05/09/11, 07/07/11, 07/27/11
- Texas 09/16/10
- 09/15/11
- Texas 09/16/11
- M.D., 09/16/11

PATIENT CLINICAL HISTORY:

This is a female who was working for and injured her back when she was trying to push an object, which caused her to fall back and hit her back. This occurred on xx/xx/xx, and thus, she started complaining of some low back pain, right hip pain, and right leg and right foot pain following the on the job injury. She then was sent to Medical Center where she was evaluated and felt this was a lumbosacral strain. She was treated conservatively with outpatient physical therapy, analgesics, and muscle relaxants.

The patient did not improve, and thus, after receiving physical therapy she was referred to Dr., neurosurgeon in Texas, who had indicated that the patient pushed the bed back with her right foot, causing her to fall hitting the night step.

Without relief of symptoms, the patient was seen by Dr. This was on March 30, 2010. He indicated that the patient's lower extremity revealed slight weakness of plantar flexion in her right foot, but no weakness of plantar flexion in the left. She essentially was neurologically intact. He reviewed the film of an MRI that was performed on March 12, 2010, which revealed a congenital fusion at L4-L5. His impression at that time was that she had a lumbosacral involvement at L4-L5 with radiculopathy and neural foraminal narrowing. At that time he recommended a myelogram.

A CT of the lumbar spine was performed on April 30, 2010, which revealed at L4-L5 a partial congenital fusion with a disc. At L3-L4 there was some degenerative disc disease and a 2 mm retrolisthesis.

The patient was continuing to be treated conservatively and subsequently Dr. recommended a procedure, lumbar laminectomy at L3-L4, L4-L5 on the right with foraminotomy, discectomy, and decompression nerve

root. This was performed on August 23, 2010. The patient was then discharged and was followed up by Dr. and did receive some postop physical therapy.

The patient returned for followup with Dr. and continued to have back and right leg pain, and subsequently the right leg pain subsided, but she started having more severe pain on the left.

On June 13, 2011, an MRI was performed and it revealed that there was a 3-4 mm disc bulge at L3-L4 and was prominent posterolaterally and bilaterally. There was no stenosis. At L4-L5 there was evidence of postoperative changes on the right at L4-L5 with partial discectomy, and also revealed some right foraminal stenosis. Impression was postoperative changes at L4-L5 with marked disc space narrowing and marked scoliosis with mild facet hypertrophy and osteoarthritis on the right, foraminal stenosis and hardware on the right.

The patient continued conservative treatment with physical therapy but it was becoming obvious that she was not improving and saw Dr. once again. He evaluated her for further workup which included a lumbar myelogram post myelogram CT.

A myelogram post myelogram CT was performed on July 20, 2011, which revealed a partial fusion at L4-L5 with focal scoliosis and at L3-L4 revealed a broad based disc protruding within the spinal canal with indication that there was probably some compression at the left L4.

Once again Dr. felt like a surgical procedure consisting of a lumbar laminectomy at L3-L4 and a fusion should be considered. He requested a lumbar laminectomy at L3 with lateral transverse process fusion with bone morselized using cancellous bone chips. This has been submitted for review on several occasions and has been denied with lack of evidence of clinical documentation despite the workup.

This is another appeal for that procedure based on review of records provided. Neurologically the patient continued to complain of pain on the left and particularly in the left leg. She is not all that symptomatic on the right at the present time.

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

After review of all of these records and the review of the different denials, it would appear to me that the patient continued to be symptomatic and Dr. explanation of the pain in his proposal would be that there is a slight spinal listhesis at L3-L4. The patient has had previous surgery at L3-L4 as well as at L4-L5 and the patient continued to be symptomatic. I would support this request with the laminectomy at L3-L4 with foraminotomy and the lateral transverse fusion. It is not supported that there will be with the fact there has been previous surgery at L3-L4 and with a partial congenital fusion at L4-L5 that there would be significant stress placed on L3-L4 and thus indicating the need for fusion. This would be based on the ODG low back chapter and lumbar fusion.

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

- ACOEM- AMERICAN 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)