

SENT VIA EMAIL OR FAX ON
Sep/26/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/23/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient L2-S1 Modified AP Fusion with PEEK, ICBG and Instrumentation with 2 day LOS (CPTs included for corpectomy with decompression and for laminectomy, request also indicates is for use of assistant surgeon)

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 male who is reported to have sustained an injury to his low back as the result of a work-related MVA on xx/xx/xx. The claimant is reported to have been involved in rear end collision. The record does not provide any data regarding the actual event.

The record includes pre-injury medical records which will not be discussed in length but are germane to the request. The record indicates the claimant has long standing relationship with Dr. from 12/15/00-present. The claimant had complaints of cervical pain and bilateral shoulder pain. MRI of cervical spine dated 01/30/01 showed evidence of significant degenerative disc disease in the cervical spine with evidence of possible free fragments at C5-6 with significant stenosis at C6-7 and disc desiccation. MRI shows partial tear of supraspinatus tendon and evidence of labral tear involving the left shoulder. There is possible tear of supraspinatus in right shoulder with possible bucket handle tear of anterior labrum. Records indicate on 02/06/01 the claimant was taken to surgery and underwent ACDF at C5-6 and C6-7. He was later taken to surgery on 04/18/01 and underwent left shoulder rotator cuff repair as well as debridement and chondroplasty of the glenoid humeral head and labrum. On 07/25/01 the claimant was returned to surgery by Dr. and underwent right shoulder distal clavicle resection, rotator cuff debridement, labral repair, cranioplasty. The record contains MRI of right shoulder dated 04/18/02, MRI right knee dated 04/30/03.

Records indicate the claimant sought care regarding this accident on 06/23/10. On this date

the claimant was seen by Dr. He complains of low back pain radiating to his right buttocks. On physical examination he is 6'1" tall and weighs 225 lbs. He has some restrictions in lumbar range of motion. Heel / toe walk is normal. Deep tendon reflexes are 2+ and symmetric. Motor strength is 5/5. Straight leg raise is reported to be positive on the left. Radiographs report vacuum disc phenomenon at L4-5 with tilting at L2-3 and L4-5. Radiographs of cervical spine showed intact hardware and subtle fusion. The claimant was provided Medrol DosePak. On 07/19/10 he was referred for MRI of lumbar spine. This study notes multilevel degenerative disc changes, facet arthrosis with multilevel retrolisthesis and mild kyphosis centered at L1-2. There is Modic I endplate signal alteration at L2-3. There are no focal disc herniations nor mass effect in descending nerve root sleeves, nor is there radiographic evidence for irritation of descending nerve root sleeves. The claimant was subsequently referred to Dr. for lumbar epidural steroid injections.

The record contains a peer review dated 08/18/10. The reviewer opines that the clinical evidence suggests the claimant sustained lumbar strain. He notes the claimant has neural exam findings for Dr. and 08/04/10 report from Dr. noted the claimant had no lower extremity complaints, thus there was no objective evidence of lumbar radiculopathy or myelopathy.

On 09/30/10 the claimant was seen by Dr. designated doctor. Dr. finds the claimant to be at clinical maximum medical improvement and assessed 0% whole person impairment.

The claimant was seen in follow-up by Dr. on 03/30/11. He is reported to have increased pain with increasing activities. He is taking pain medications when needed to control his pain.

The claimant was seen in follow-up on 05/11/11. His physical examination is grossly unremarkable. Despite this he was referred for MRI of lumbar spine. MRI of lumbar spine was performed on 06/14/11. This study notes a multilevel degenerative disc change, facet arthrosis with multilevel retrolisthesis and mild kyphosis centered at L1-2. There is Modic endplate signal alteration at L2-3 and L4-5. There are no focal disc herniations, mass effect in descending nerve root sleeves, no radiographic evidence for potential irritation in descending nerve root sleeves.

The claimant was seen in follow-up by Dr. on 06/17/11. He reported being in significant pain. The claimant subsequently is recommended to undergo surgical intervention. The initial request was reviewed on 07/28/11 by Dr. Dr. non-certified the request noting there is no identified instability of lumbar spine. He notes given the claimant does not meet criteria, the other ancillary requests are not medically necessary.

A subsequent appeal request was submitted for review and reviewed by Dr. on 08/11/11. Dr. non-certified the request noting there is no obvious instability, tumor, or infection. He has had no surgical evaluation by psychiatrist regarding confounding factors. Dr. opines the claimant does not meet criteria and non-certified the request.

On 08/24/11 the claimant was seen in follow-up by Dr. who recommended the claimant undergo lumbar epidural steroid injection.

The record contains a urine drug screen dated 08/24/11 in which the claimant was negative for all medications.

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

The request for inpatient L2-S1 modified AP fusion with PEEK, ICBG and instrumentation with 2 day LOS is not supported as medically necessary, and the previous utilization review determinations are upheld. The submitted clinical records indicate that the claimant has been under the care of Dr. for greater than 15 years. On the date of injury he is reported to have been involved in a motor vehicle accident. The claimant subsequently developed low back pain with subjective reports of radiation into the right lower extremity. The records do not provide complete data to establish that the claimant failed appropriate conservative treatment consisting of oral medications physical therapy and interventional procedures. The claimant's imaging studies show multilevel degenerative changes however there is no evidence of neurologic compromise on examination. The records do not include any lumbar flexion extension radiographs to establish the presence of instability at the requested operative levels. It is further noted that the claimant has not undergone a pre-operative psychiatric evaluation as required by all patients who are to undergo spinal fusion. In the absence of supporting documentation establishing the failure of conservative care noting the lack of instability in the lumbar spine and the absence of a pre-operative psychological evaluation request is not certified as medically necessary and the previous determinations are upheld.

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 DESCRIPTION)