

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/10/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient LOS1 Lumbar Laminectomy Fusion Instrumentation L2/3

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

OD Guidelines

Utilization review determination 08/19/11

Utilization review decision 09/08/11

Insurance company response regarding disputed services 09/13/11

IRO review 04/06/10 upholding denial L1-3 laminectomy and fusion with one day inpatient stay

Operative report 04/16/02, 02/05/03, 01/09/04

CT myelogram lumbar spine 10/05/04, 04/28/06, 02/10/10, 05/09/11

X-rays lumbar spine 03/06/03 through 08/05/11

Office notes Dr. 03/06/03 through 06/23/11

Psychological evaluation 07/22/11

Operative report lumbar epidural steroid injection 03/31/06

Radiology report MRI lumbar spine 03/04/04

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male whose date of injury is xx/xx/xxxx. Records indicate he was injured while repairing railroad cars and drilling holes in large steel plate. The drill bit hung up, spun and moved the table and when he and another worker tried to put the table back it was attached to a steel rod and he heard a pop in his back. After failing to improve with conservative treatment the patient underwent surgery. Patient underwent surgical intervention on 04/16/02 with right L4-5 hemilaminectomy with decompression and foraminotomy, facetectomy and discectomy. He remains symptomatic and on 02/05/03 the claimant underwent decompressive laminectomy L3-5 with anterior interbody fusion, posterolateral fusion and pedicle screw and rod fixation bilateral L3-5. After the second surgery the claimant continued to suffer low back pain with lower extremity pain and some

weakness. Records indicated the claimant developed what appeared to be spinal stenosis at L1-2 and L2-3. A request for L1-3 laminectomy and fusion was denied, and denials upheld on IRO. The IRO report noted the claimant had been treated in a pain management program, but current medications were not accurately documented. There was no full current neurologic evaluation of bilateral lower extremities. EMG/NCV study was not present and there was no psychological evaluation as required. It was noted that the claimant appeared to be suffering from a spinal canal stenosis and would benefit from a laminectomy decompression once the criteria published in Official Disability Guidelines low back chapter, fusion passes were met specifically to include a full neurologic evaluation, EMG/NCS and psychological evaluation. Claimant is noted to have undergone multiple diagnostic/imaging studies. CT myelogram of the lumbar spine performed 05/09/11 revealed multilevel degenerative disc disease and post-op changes with mild central canal stenosis at L2-3 with bilateral neural foraminal narrowing also noted. Lumbar spine x-rays performed 08/05/11 revealed post-operative decompression and laminectomies, partial facetectomies and fusions at L3-4 and L4-5. There was no abnormal motion seen. No changes from prior studies were seen. There was some mild disc space narrowing at L1-2 and L2-3, which again does not appear to have changed since prior study of 07/01/09. Patient underwent psychological evaluation on 07/22/11 and no mental health treatment was recommended. His adjustment is adequate. He was considered an average candidate for surgical procedure.

A request for lumbar laminectomy, fusion and instrumentation of L2-3 was reviewed on 08/19/11 and non-certified as medically necessary. The reviewer noted that the claimant presents that in the medical report dated 06/23/11 the claimant was noted to present with severe lumbar pain with bilateral radiating hip and leg pain with numbness, dysesthesias and weakness in the legs. Request is made for lumbar laminectomy with fusion and instrumentation at L2-3 and one day length of stay. The latest lumbar x-ray report does not demonstrate instability to necessitate fusion as of 08/05/11 on extension or flexion views as indicated per the guidelines. Objective documentation that the claimant has received and failed maximal and optimal conservative care (physical therapy, medications, injections and activity modification) is not submitted for review. As such medical necessity is not fully established at this time.

An appeal request for lumbar laminectomy fusion instrumentation L2-3 with inpatient LOS one day was reviewed on 09/08/11 and again non-certified as medically necessary. It was noted that records indicate there was an adverse determination of a previous review. An acknowledgement of the previous non-certification due to lack of documentation of instability and failure of conservative treatments, there is now documentation as per medical report dated 06/23/11 patient complains of severe lumbar pain with bilateral radiating hip and leg pain with numbness. X-rays showed no abnormal motion. CT myelogram showed at L2-3 a broad based disc bulge with facet disease producing mild to moderate spinal stenosis with bilateral foraminal encroachment. Treatment has included medications, injections and psych evaluation. However there is no documentation of associated clinical findings such as loss of relevant reflexes, muscle weakness and/or atrophy of appropriate muscle groups, loss of sensation in the corresponding dermatomes and imaging showing instability. Therefore medical necessity has not been substantiated.

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

The claimant has a history of previous back surgery including decompressive laminectomy L3-5 with anterior and posterior fusion at both levels. The patient continues to complain of low back pain with bilateral radiating hip and leg pain. He has subjective complaints of numbness, dysesthesias, and weakness in legs. CT myelogram performed on 05/09/11 noted multilevel degenerative disc disease with postoperative changes at L3-5. Disc bulge was noted at L1-2 and L2-3 with mild central canal stenosis at L2-3 as well as bilateral neural foraminal narrowing at L2-3. Radiographs of lumbar spine were performed on 08/15/11 with 7 views including flexion / extension lateral views revealed postoperative changes with no abnormal motion. There is mild disc space narrowing at L1-2 and L2-3 unchanged from prior study of 07/01/09. There is no detailed physical examination report that identifies motor, sensory or reflex changes in specific myotomal or dermatomal distribution. While it appears

the patient may have developed adjacent segment disease above level of previous fusion, 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

- 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)