

SENT VIA EMAIL OR FAX ON
Oct/27/2011

IRO Express Inc.

An Independent Review Organization

2131 N. Collins, #433409

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L3/S1 laminectomy/discectomy with fusion and instrumentation with an implanted bone growth stimulator and a 2 day inpatient stay

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

OD Guidelines

Preauthorization review 10/07/11 regarding non-certification L3-S1 laminectomy / discectomy with fusion and instrumentation, bone growth stimulator and 2 day inpatient stay

Preauthorization review 10/14/11 regarding non-certification appeal L3-S1 laminectomy / discectomy with fusion and instrumentation, bone growth stimulator and 2 day inpatient stay

Office notes Dr. 08/01/11-09/20/11

Preauthorization request

Preauthorization appeal request

Office notes Dr. 08/22/10-05/09/11

Psychological evaluation 05/24/11

Initial office consultation Dr. 10/27/10

MRI lumbar spine 06/24/10

Functional capacity evaluation 04/05/11

Office notes Dr. 07/14/11-09/01/11

Encounter notes Dr. 05/24/10-06/28/10

Preauthorization review 09/28/11 regarding non-certification L3-S1 laminectomy / discectomy with fusion and instrumentation and implanted bone growth stimulator with 2 day inpatient stay

Initial evaluation D.C.
Progress notes D.C. 06/27/11-08/22/11
Initial evaluation Dr. 06/14/11
NCV/EMG study 08/05/10
Chronic pain management progress notes 08/08/11-08/19/11
Peer review Dr. 09/12/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who reportedly was injured on xx/xx/xx . He felt immediate low back pain. Conservative treatment was implemented with physical therapy and medication management without significant improvement. MRI of lumbar spine was performed on 06/24/10 and revealed mild broad based disc bulge at multiple levels with no significant spinal canal stenosis. At L3-4 there is a left lateral disc bulge causing moderate encroachment of the left neural foramen. At L4-5 there is mild bilateral, lateral disc bulging causing mild encroachment of the neural foramen bilaterally. Electrodiagnostic testing was performed on 08/05/10 and reported findings consistent with diffuse mainly sensory polyneuropathy of lower extremities; superimposed there are findings consistent with S1 sensory radiculopathy in the right. The claimant subsequently underwent epidural steroid injections without significant improvement. The claimant was seen in neurosurgical consultation by Dr. on 10/27/10. Examination at that time reported decreased range of motion of lumbar spine with spasm; deep tendon reflexes hypoactive, decreased at ankle; no motor deficit; decreased sensation in L5-S1 distribution bilaterally; straight leg raise positive 40 degrees right and 60 degrees left; antalgic gait. Dr. advised further conservative treatment. The records indicate the claimant participated in chronic pain management program beginning on 08/08/11. The claimant saw Dr. on 08/02/11 for new patient surgical consultation. Dr. noted the claimant failed conservative treatment for the last 1 year and 3 months including exercise program, medication, chiropractic care, and epidural steroid injections. MRI scan was noted to reveal discal pathology at L3-4, L4-5 and possibly L4-5. Additionally, EMG/NCV revealed right S1 radiculopathy. The claimant was noted to smoke cigarettes. Medications include Soma, Meloxicam, Lyrica, and Lisinopril with Hydrochlorothiazide. Physical examination on that date revealed mild paravertebral muscle spasm, positive spring test, inter iliac crest line, positive sciatic notch tenderness bilaterally, left worse than right. He demonstrates positive Flip test bilaterally, positive Lasegue's on the left at 45 degrees, positive Braggard's, absent posterior tibial tendon jerks bilaterally, hypoactive knee jerk on left, paresthesias in S1 nerve root distribution bilaterally, L5 nerve root distribution on left, weakness of gastrocnemius on the left without atrophy. There was positive extensor lag. Dr. recommended surgical intervention.

A preauthorization review determination on 10/07/11 determined the request for L3-S1 laminectomy / discectomy with fusion and instrumentation with implanted bone growth stimulator and 2 day inpatient stay as not medically necessary. It was noted the claimant has neck and back pain. He has positive straight leg raise bilaterally, but he has normal strength in bilateral lower extremities. Sensation was decreased to pinprick in S1 dermatome on the left. Imaging study dated 06/24/10 demonstrated a disc bulge at multiple levels. Specifically at L3-4 there is left lateral disc bulge causing moderate encroachment of the left neural foramen, and at L4-5 there is a lateral disc bulge causing moderate encroachment of the neural foramen bilaterally. It was noted the claimant has not demonstrated significant deficits at all three levels, and the request for discectomy is not considered medically necessary. The request for fusion was reviewed, and it was noted the medical records did not indicate significant spondylolisthesis. Records also do not demonstrate significant instability at the proposed surgical site. It was noted that the claimant still smokes and current guidelines indicate smoking should be stopped prior to fusion procedures. It was further noted that there is conflicting evidence on efficacy of implanted bone growth stimulators. Therefore, the proposed surgical procedure with bone growth stimulator and two day inpatient stay was not considered medically necessary for this patient.

A preauthorization reconsideration review dated 10/17/11 determined the request for L3-S1 laminectomy / discectomy with fusion and instrumentation with implanted bone growth stimulator and two day inpatient stay as not medically necessary. It was noted the

documentation submitted for review elaborates the claimant complaining of ongoing low back pain with an associated radiculopathy component in lower extremities manifested by weakness and sensation losses. Official Disability Guidelines recommend laminectomy and discectomy provided the claimant meets specific criteria to include significant clinical findings in the appropriate levels as well as imaging studies confirming neurocompressive findings as well as previous involvement with conservative treatment. The imaging studies revealed neurocompressive findings at L3-4 and L4-5 levels, but no disc herniation or stenosis was noted at L5-S1 level. Thus, the request for L5-S1 laminectomy and discectomy does not meet guideline recommendations. Additionally, given that the imaging studies do not reveal significant pathology at L5-S1 level, the fusion request does not meet guideline recommendations. Furthermore, the claimant was noted to have current smoking habit and no documentation was submitted for review regarding smoking cessation. Given lack of medical necessity regarding surgical intervention, the additional request for bone growth stimulator and 2 day inpatient stay was rendered not applicable.

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

Based on the clinical information provided, medical necessity is not established for L3-S1 laminectomy / discectomy with fusion and instrumentation with implanted bone growth stimulator and 2 day inpatient stay. The claimant sustained an injury to low back on xx/xx/xx. He underwent a course of conservative treatment including physical therapy, chiropractic care, medication management and epidural steroid injections without resolution of symptoms. MRI of lumbar spine revealed multilevel degenerative changes with mild broad based disc bulges and no significant spinal canal stenosis. At L3-4 there is a left lateral disc bulge causing moderate encroachment of left neural foramen. At L4-5 there is mild bilateral lateral disc bulging causing mild encroachment of the neural foramen bilaterally. At L5-S1 there is no significant disc herniation, spinal canal or neural foraminal stenosis. On examination the claimant was noted to have motor, sensory and reflex changes. However, there is no evidence of spondylolisthesis or motion segment instability at any level of lumbar spine. As such, medical necessity is not established for proposed surgical procedure, which obviates the need for inpatient hospital stay and implantation of bone growth stimulator. It is further noted that the claimant continues to smoke. Current evidence based guidelines indicate that there should be program of smoking cessation, and the candidate for fusion should refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion healing. The continued use of tobacco is a predictor of negative outcomes for fusion surgery. Finally, it is noted that the claimant has participated in chronic pain management program. This is generally considered a tertiary level of care and the endpoint of treatment. Criteria for multidisciplinary pain management programs include the requirement of an adequate and thorough evaluation including physical examination that rules out conditions requiring treatment prior to initiating the program. There should be absence of other options likely to result in significant clinical improvement, including surgical intervention. The previous denials were correctly determined and should be upheld on IRO.

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