

Applied Resolutions LLC

An Independent Review Organization
900 N. Walnut Creek Suite 100 PMB 290
Mansfield, TX 76063
Phone: (214) 329-9005
Fax: (512) 853-4329
Email: manager@applied-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/29/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpt. Laminectomy L4-5, L5-S1 possible Discectomy + TLIF L4-5, re-explore fusion at L5-S1 with stabilization, L4-S1

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

Board Certified 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

Request for IRO 09/16/11

Request for IRO 09/14/11

Utilization review determination 08/10/11

Utilization review determination 08/31/11

Legal correspondence 09/22/11

Peer review 07/07/11

Request for surgery 07/19/11

Clinical records Dr. 05/16/11 and 07/18/11

EMG/NCV study 07/08/11

MRI lumbar spine 01/08/11

Clinical records Dr. 03/07/11

Procedure report lumbar epidural steroid injection 10/02/10

CT lumbar spine 01/08/11

Physical therapy treatment records

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xxxx, it's reported that he was picking up a valve when he sustained an injury to his low back. Claimant has a past medical history that included an L5-S1 fusion records indicate that the claimant was treated with oral medications physical therapy chiropractic and epidural steroid injections on 03/30/11 he underwent CT of the lumbar spine or on 01/08/11 the claimant underwent CT of the lumbar spine which is reported to have shown an L4-5 disc herniation

with pressure on the right nerve the claimant underwent a trial of dorsal column stimulation which was subsequently removed the records include a CT on 05/16/11 the claimant was seen by Dr. he's reported to have low back pain that radiates into his left leg he's noted to have had three epidurals plus physical therapy with no improvement he's noted to be a smoker on physical examination knee jerks are 2+ on the right and absent on the left ankle jerks were 2+ on the right and absent on the left straight leg raise is reported to be positive on the right greater than left strength reveals decreased EHL and anterior tibialis strength on the left graded as 4/5 MRI is reported to have revealed a herniated disc at L4-5 on the left and narrowing the disc space records indicate that the claimant was referred for EMG/NCV of the left lower extremity which indicated a left L5 radiculopathy Dr. reports that the claimant is had three surgeries to his lower back and apparently a fusion in which he reports he had bone taken off his hip and placed in his lower back. However he reports there has not been any real good evidence of that. He has degenerative discs at L4-5 and L5-S1 primarily with left lateral disc protrusion causing pressure on exiting nerve root and deformity of posterior elements due to previous surgery at L5-S1. Dr. suggests the claimant will most likely need L4-5 fusion and possible fusion at L5-S1 if it is not already fused. Dr. reports it does not appear as though there has been fusion performed, although the claimant definitely reported it was.

The initial request for surgery was reviewed by Dr. on 08/10/11. Dr. notes there is no evidence of instability or spondylolisthesis that would necessitate fusion. He further reported the claimant has had recent trial of dorsal column stimulation which the outcome was unknown.

The appeal request was reviewed by Dr. Dr. non-certified the requested surgery noting the current medical records do not provide rationale as to why fusion at L4-5 would be indicated in line with ODG criteria. He noted there is no indication the claimant had prior surgery at that level and no indication there is instability that would support the need for surgical intervention. He noted no prior operative reports were provided for review.

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

The request for inpatient laminectomy L4-5 and L5-S1, possible discectomy and TLIF at L4-5, re-explore fusion at L5-S1 with stabilization, L4-S1 is not supported by the submitted clinical information, and the previous utilization reviews are upheld. The submitted clinical record contains significant subjective information without corroborating clinical records. The claimant has history of previous injury which is reported to have resulted in fusion at L5-S1. The record does not contain any operative report regarding this, and clearly this is germane to the request. Additionally, imaging studies do not indicate the claimant underwent fusion at L5-S1 level. There are no substantive findings on CT to suggest that a fusion procedure was attempted. The record does not include any lumbar flexion / extension radiographs, and there is no data to suggest the claimant has any instability at either the L4-5 or L5-S1 levels. There is sufficient clinical information to establish the claimant has failed conservative treatment and continues to have significant levels of pain and evidence of radiculopathy on examination and by electrodiagnostic studies. Bases on a careful review of medical records and guidelines, the claimant may be candidate for lesser surgical procedure including laminectomy and discectomy without performance of fusion. Based on the totality of available data, the claimant does not meet criteria per ODG for performance of fusion procedure.

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)