

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Facetectomy on the right agitation to laminectomy with fusion at L4/S1 ALIF

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

1. Cover sheet and working documents
2. Radiographic report lumbar spine 5 views dated 01/08/09
3. MRI lumbar spine without contrast dated 01/24/09
4. Procedure note translaminar epidural steroid injection dated 01/28/09
5. Rehab progress notes
6. Physical performance evaluation dated 02/02/10
7. History and physical dated 08/08/10
8. MRI lumbar spine without contrast dated 11/17/10
9. Clinic notes Dr. dated 12/28/10-06/10/11
10. Benefit dispute agreement
11. Letters from the claimant dated 05/03/11, 05/09/11, 05/11/11, and 05/24/11
12. Radiographic report lumbar spine flexion / extension view dated 06/08/11
13. Presurgical behavioral health evaluation dated 06/27/11
14. Utilization review request for arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar dated 07/14/11
15. Appeal documents
16. Utilization review appeal request for arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar dated 07/26/11
17. Utilization review request for arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar dated 08/01/11
18. Letter of reconsideration dated 08/08/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xxxx. The patient complains of low back pain and right lower extremity radicular symptoms / numbness. The patient initially was treated conservatively with prescription medication, epidural steroid injections, and physical therapy. The injured employee was placed on modified duty. MRI of lumbar spine performed on 01/24/09 revealed broad based 6 mm right midline, right paramedian, and right posterolateral protrusion of disc material at L4-5, displacing the nerve rootlets from ventral board of right lateral recess. There was slight asymmetric disc bulge versus broad based shallow protrusion right and paramedian, posterolateral foraminal at L5-S1 and contact with right S1 nerve root but not displacing or compressing it. Repeat MRI was performed on 11/17/10 and revealed a 4 mm broad based posterior disc protrusion at L4-5, decreased in size compared to previous MRI. There continued to be moderate central spinal canal stenosis and bilateral lateral recess stenosis at this level. At L5-S1 there is a 3-4 mm broad based posterior disc protrusion that contacts the right S1 nerve root sleeve without displacing or compressing it. Appearance is somewhat similar to prior study. There is stable grade I L5 on S1 spondylitic retrolisthesis. The injured employee was seen on 05/31/11 by Dr. Examination at that time reported motor strength 5/5 except right anterior tibialis and EHL 4/5. There was decreased sensation in S1 distribution. The patient was recommended to undergo decompression including facetectomy and fusion. Radiographs of lumbar spine including flexion / extension views performed on 06/08/11 revealed no evidence of acute fracture or subluxation. There was no pathologic subluxation with flexion or extension. A presurgical behavioral health evaluation dated 6/27/11 determined the injured employee to be clear for surgery from a psychological perspective.

A utilization review determination dated 07/14/11 recommended non-authorization of the request for L4-S1 facetectomy, laminectomy and anterior lumbar interbody fusion. The reviewer noted that imaging studies submitted for review indicate the injured employee has 3-4 mm disc protrusions at L4-S1 without nerve root compression or displacement. Flexion / extension views did not reveal evidence of spondylolisthesis. There is a lack of imaging evidence to support lumbar fusion procedure at this time.

A utilization review determination dated 08/01/11 recommended non-authorization of reconsideration / appeal request for L4-S1 facetectomy, laminectomy and anterior lumbar interbody fusion. It was noted the documentation submitted for review elaborates the injured employee complaining of ongoing low back pain. Current evidence based guidelines recommend facetectomy and laminectomy with lumbar interbody fusion provided the injured employee meets certain criteria. The documentation details the injured employee having previously undergone physical therapy, but no dates or efficacy of therapy were provided. There was no documentation submitted for review regarding the injured employee's spinal instability. Additional imaging studies reveal a 3-4 mm disc protrusion at L4-S1 without nerve root compression. There was no documentation submitted for review regarding the injured employee's evidence of spondylolisthesis. Given the lack of imaging studies corroborating the injured employee's significant clinical findings, the request does not meet guideline recommendations, and as such does not support medical necessity for the request.

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

Medical necessity is not established for the proposed facetectomy on the right, agitation (SIC) to laminectomy with fusion at L4-S1 ALIF. The injured employee sustained an injury to the low back on xx/xx/xxxx. He underwent a course of conservative care including medications, physical therapy and epidural steroid injections without resolution of symptoms. MRI lumbar spine on 11/17/10 revealed a 4mm broad based posterior disc protrusion at L4-5, which decreased in size compared to previous MRI performed 01/24/09. At L5-S1 there is a 3-4mm broad based posterior disc protrusion contacting the right S1 nerve root sleeve without displacement or compression. There is no evidence of motion segment instability on flexion extension films of the lumbar spine. While it appears that a simple decompression of the L4-5 level may be indicated, there is no medical necessity for two level ALIF L4-5 L5-S1.

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)