

True Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Spine Surgery, L4/S1, Lumbar Laminectomy, Discectomy, Arthrodosis with cages, Posterior Instrumentation, Implantable Bone Growth Stimulator (EBI)

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

1. Peer review report 08/08/11 MD
2. Peer review report 08/18/11 MD
3. New patient surgical consultation and MRI scan review/office visit, MD 01/25/11 and 03/07/11
4. MRI lumbar spine 02/18/11
5. Diagnostic interview and treatment plan 04/25/11
6. Interpretation of neurodiagnostic tests 06/22/11 MD

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female who was injured on xx/xx/xxxx when she slipped and fell. She presents with chief complaint of back pain and bilateral leg pain. She was seen for surgical consultation on 01/25/11 and noted to have failed conservative treatment over the last two months. MRI of the lumbar spine performed 02/18/11 revealed a small central disc herniation at L5-S1 with abutment of both S1 nerve roots in the lateral recess. There were multilevel small annular disc bulges with annular tearing at L3-4 and L4-5, and no other discrete neural encroachment identified. Multilevel facet joint effusions and mild arthrosis also was noted. A psychological evaluation performed 04/25/11 determined the injured employee to be a good candidate for proposed surgical procedure from a psychological perspective.

A peer review report by Dr. dated 08/08/11 determined the request for lumbar spine surgery, L4-S1, lumbar laminectomy, discectomy, arthrodesis with cages, posterior instrumentation,

implantable bone growth stimulator (EVI) is not medically necessary. Dr. noted that surgery was recommended with less than six months of conservative care. There was no significant canal stenosis or neural foraminal stenosis on imaging as read by the radiologist. On examination there was some weakness and reduced reflexes, but exam does not correlate with the MRI findings. Dr. recommended an IME to determine medical necessity of surgery as this seems to be excessive given the minimal conservative care and recommendation for surgery.

A peer review report by Dr. dated 08/18/11 determined the pre-authorization for lumbar laminectomy discectomy as not medically necessary. It was noted that MRI revealed degenerative changes with mild disc desiccation at L4-5 with a 2mm annular disc bulge and no significant central or foraminal stenosis. At L5-S1 there is moderate disc desiccation with 3mm retrolisthesis. There is a 4mm central disc herniation with annular tearing with abutment of both S1 nerve roots in the lateral recess without discrete compression. There was no evidence of motion segment instability of the lumbar spine. As such medical necessity is not established. Alternative treatment includes continued conservative care and referral to pain management.

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

Based on the clinical information provided, the proposed lumbar spine surgery, L4-S1, lumbar laminectomy, discectomy, arthrodesis with cages, posterior instrumentation, implantable bone growth stimulator (EVI) is not indicated as medically necessary. The injured employee is noted to have sustained an injury secondary to a slip and fall. She reportedly failed to improve with conservative care, but there is no comprehensive history of conservative treatment completed to date to include physical therapy, activity modification, and epidural steroid injections. MRI lumbar spine revealed degenerative changes with a small central disc herniation at L5-S1 abutting with abutment of both S1 nerve roots. At L4-5 there is a 2mm annular disc bulge with annular tearing with no significant central or foraminal stenosis. MRI also identified multilevel facet joint effusions and mild arthrosis. It is unclear that all pain generators have been identified. There is no objective evidence of motion segment instability of the lumbar spine, and two level lumbar fusion is not supported as medically necessary.

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