

SENT VIA EMAIL OR FAX ON
Sep/15/2011

True Resolutions Inc.

An Independent Review Organization
500 E. 4th St., PMB 352
Austin, TX 78701
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Sep/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
L5/S1 360 Fusion Inpatient with 3 day 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

1. DD RME Dr. dated 02/28/11
2. Clinical records Dr. dated 07/12/10, 07/14/10, 07/26/10,08/10/10, 11/03/10, 12/13/10, 01/11/11, 03/08/11
3. Radiology report lumbar spine dated 07/14/10
4. MRI lumbar spine dated 08/06/10
5. Clinical records Dr. dated 09/01/10, 10/07/10, 01/12/11, 06/22/11, 08/26/11
6. Radiographic report lumbar spine dated 09/01/10
7. Radiographic report lumbar spine dated 10/27/10
8. Radiographic report dated 01/12/11
9. Behavioral medicine evaluation dated 02/04/11
10. Radiographic report lumbar spine dated 06/22/11
11. Utilization review determination dated 04/05/11
12. Utilization review determination dated 04/21/11
13. Utilization review determination dated 07/01/11
14. Utilization review determination dated 07/28/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained an injury to his low back when he tripped over an I-Beam twisting his low back. Records indicate the claimant sought care from Dr. for low back pain. Records indicate the claimant was provided oral medications. Radiographs were performed on xx/xx/xx which indicated an L5 pars defect. The claimant continued under the care of Dr. . He reported low back pain radiating to his toes. He was referred for MRI of lumbar spine on 08/06/10 which showed no significant pathology from T12-L1 through L4-5. At L5-S1 he has mild disc bulge which is diffused with possible annular tear and of mild severity to the left of midline extending into the left lateral recess and foramen mildly reducing the left foramen. The right foramen is slightly reduced. There is a slight anterior subluxation of L5 on S1.

Records indicate the claimant continued under the care of Dr.. He was ultimately referred to Dr. on 09/01/10. At this time the claimant reported he has occasional numbness down the left leg. He rates his back pain as 9/10 and leg pain as 2/10. On physical examination he is noted to have good motor strength in lower extremities. His reflexes are 2+ and symmetric. He has no foot drop. He is able to heel / toe walk without difficulty. He has pain with extension in lumbar spine. He subsequently was recommended to undergo selective nerve root block. The claimant was recommended to be treated with additional conservative measures.

On 10/27/10 flexion / extension films were reviewed. He is noted to have lytic spondylolisthesis at L5 on his neutral film. There is roughly 5 mm of listhesis compared to posterior margin of sacrum on extension and flexion views. There is roughly about 3.5 to 4 mm. Records indicate the claimant continued to receive conservative treatment.

On 01/12/11 the claimant was seen in follow-up by Dr.. At this time he is reported to have weakness of EHLs, positive tension sign on left, weakness of tibialis anterior graded as 4/5. Right side it is 5- made worse with extension. He reported numbness in left anterior thigh. He is opined to have progression of neurologic deficit at tibialis anterior from last examination. He is recommended to undergo fusion procedure. The claimant was referred for behavioral health evaluation on 02/04/11. The evaluator found the claimant to be a suitable candidate for surgery. He notes the claimant has history of tobacco abuse, and independent reviewer won't authorize surgery until he quits smoking. He reports he quit using snuff tobacco for the last week and wants to have nicotine metabolite check before surgery gets approved.

The record includes a utilization review determination dated 03/02/11 in which Dr. I non-certified the surgical request and notes the pars defect identified at L4-5 level is a result of ordinary disease of life.

The record includes multiple utilization review determinations. On 04/05/11 a similar request was reviewed by Dr. who non-certified the request.

On 07/05/11 a second initial review was performed by Dr.. Dr. notes the work place incident did not result in pars fracture and that this condition is developmental. He notes the claimant uses smokeless tobacco which is a relative contraindication of any fusion surgery and subsequently non-certified the request.

On 07/28/11 the appeal request was reviewed by Dr.. Dr. non-certified the request. He notes the request is clinically indicated based on most recent x-rays. He noted these findings document approximately 9 mm of movement with flexion and extension at L5-S1. He further reports the most recent physical examination demonstrated loss of ankle reflex on left with persistent reports of radicular subjective complaints. Weakness is also documented in the EHL appropriately 4/5 strength. He notes that while there is evidence of instability, there is no documentation the claimant attempting and exhausting lower levels of care such as oral medications, injection therapy and physical therapy. Therefore, the request is not indicated

at this time.

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

The request for 360 degree fusion at L5-S1 with 3 day inpatient stay is medically necessary and previous utilization review determinations are overturned. The submitted clinical records indicate the claimant has history of low back pain with radiation into left lower extremity unrelieved with conservative treatment. The records indicate the claimant has undergone a protracted course of conservative treatment. He has not undergone any injection therapy. Recent imaging studies indicate 9 mm of translation between anterior and posterior views meeting the criteria for gross instability. The claimant further has been cleared from psychological perspective. With 9 mm of instability, further conservative treatment to include injection therapy, physical therapy or epidural steroid injections will not result in correction of underlying problem of instability. Based on the totality of the clinical information, the requested procedure is deemed medically necessary and subsequently previous denials are overturned.

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)