

SENT VIA EMAIL OR FAX ON
Sep/08/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/08/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transforaminal Lumbar Interbody Fusion with 1-2 day Inpatient Stay and Assistant Surgeon

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

orthopedic surgery, practicing 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. Request for IRO dated 08/23/11
2. Radiographic report lumbar spine dated 02/26/11
3. Clinical records Dr. dated 03/02/11-04/13/11
4. MRI lumbar spine dated 03/02/11
5. Physical therapy records Dr. dated 03/03/11-
6. Clinical records Dr. dated 03/25/11-06/17/11
7. Operative report dated 04/20/11
8. Functional capacity evaluation dated 06/01/11
9. Utilization review determination dated 06/24/11
10. Radiographic report lumbar spine dated 07/19/11
11. Utilization review determination dated 07/19/11
12. Behavioral health assessment 07/20/11
13. EMG/NCV study 08/16/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have sustained work related injuries on xx/xx/xxxx. On the date of injury she was picking up and pulling heavy boxes when she developed a sharp strong pain to her lower back. Records indicate that on 02/26/11 the claimant underwent plain radiographs of the lumbar spine which are reported as normal. On 03/02/11 the claimant was seen by Dr. She subsequently was recommended to participate in

physical therapy program.

On 03/02/11 the claimant was referred for MRI of the lumbar spine which shows decreased disc signal. There is a mild circumferential bulge at L1-2 L2-3 L3-4 and L4-5 are unremarkable at L5-S1 there is a small subligamentous protrusion. The records indicate that the claimant underwent a course of physical therapy on 03/25/11 she was referred to Dr. She has complaints of back pain radiating into the bilateral lower extremities. She is reported to be undergoing epidural steroid injection treatment with Dr. without resolve. She reports her pain level to be a 9. She is reported to be 66 inches tall weighs 194 pounds. She's well developed and well nourished. Reflexes are 2+ and symmetric or 2+ at the right knee and ankles and 1+ at the left knee and ankles. Right and left anterior tibialis are graded as 4+/5 with limited effort. Straight leg raise is reported to be positive in the sitting position sensory is intact. There's tenderness over the lumbosacral junction. On 04/15/11 the claimant was seen in follow up by Dr. She's reported to have an antalgic gait pattern with mild restricted movements of the lower torso. She has tenderness over the thoracic and lumbar paraspinal musculature the gluteus maximus medius and minimus muscles. Motor strength is globally graded as 4/5 deep tendon reflexes are reported to be normal sensory is reported to be intact. She is recommended to be continued in physical therapy. On 04/20/11 the claimant underwent a lumbar epidural steroid injection. On 06/01/11 the claimant underwent a functional capacity evaluation which finds her at a light physical demand level and her occupation requires a heavy physical demand level. On 06/17/11 the claimant was seen in follow up by Dr. She continues to have complaints of low back pain radiating into the left lower extremity. She's noted to be status post epidural steroid injection and reports that she has experienced great improvement she reports having some weakness in the left leg. Reflexes are noted to be 2+ and symmetric motor strength is graded as 5/5 sensation is reported to be decreased in the left L5 and S1 distributions. She's opined to have failed conservative treatment and subsequently she is recommended to undergo a TLIF at L5-S1 on the left side. The initial request was reviewed on 06/24/11 by Dr. who notes that the claimant has low back pain radiating to the left lower extremity with muscle weakness in the left leg in the S1 dermatome reportedly improved after a recent epidural steroid injection. It is reported that a TLIF at L5-S1 was planned because the claimant supposedly failed conservative treatment to include epidural steroid injection and physical therapy. He notes that there was no objective documentation of functional deficits that remained after these treatments. He reports that the records do not include flexion or extension films documenting segmental instability. No electrodiagnostic studies were provided to support the diagnosis of a radiculopathy. There was no documentation of a psychological evaluation addressing any potentially confounding issues. As a result the request was non-certified. Radiographs of the lumbar spine were performed on 07/19/11 which note degenerative disc disease with disc space narrowing and anterior osteophytes largest at T12-L1. No spinal or foraminal stenosis was suspected. On 07/19/11 an appeal request was reviewed by Dr. who reports that she was able to review the case with Dr. and notes that there's no indication for decompression because the patient has no compressive lesions. She reports specifically there is no nerve root compression no recess or foraminal stenosis at L5-S1 or at any level based on the patient's MRI. She notes that there's no indication for a fusion there's no evidence of instability for actual spondylolysis or spondylolisthesis warranting the fusion and fusion. She subsequently non-certifies the request. On 07/21/11 a mental health assessment was performed. The evaluator reports that the claimant is appropriate for participation in any physical intervention.

The records contain an EMG/NCV study dated 08/16/11 which reports a moderate right L5-S1 radiculopathy based on non-specific H-wave abnormality. The records provide no data regarding the claimant's EMG.

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

The request for transforaminal lumbar interbody fusion with one to two day inpatient stay and assistant surgeon is not medically necessary and the previous utilization review determinations are upheld. The submitted clinical records indicate that the claimant sustained an injury to her low back on the date of injury. She subsequently received

conservative treatment consisting of oral medications and physical therapy and one lumbar epidural steroid injection. Post-procedurally the claimant is noted to have improvement in her motor strength was graded as 5/5 when previously it was 4/5. There was also noted improvement in the claimant's reflex examination. This would suggest that the claimant most likely would benefit from additional epidural steroid injections. She's undergone radiographs of the lumbar spine which showed no evidence of instability at the operative level. She was later referred for psychiatric evaluation which apparently clears the claimant for surgical intervention. Imaging studies note minor findings on MRI. The claimant has had subjective complaints largely focused on the left side however later nerve conduction studies suggest the potential for an L5-S1 radiculopathy on the right. Given the lack of correlation between the claimant's subjective reports and diagnostic studies noting the lack of significant pathology on MRI and noting that there is no evidence of instability at the requested operative level the requested surgical intervention would not be 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