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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:

TLIF L4/5 with Excision of HNP L4 Left; 3 day inpatient hospital 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. Utilization review determination dated 08/04/11
2. Utilization review determination dated 08/18/11
3. Utilization review referral
4. Clinical records Dr. dated 12/13/10-08/01/11
5. Physical therapy progress notes
6. MRI of lumbar spine dated 01/03/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was reported to have sustained work related injuries on xx/xx/xxxx. On 12/13/10 the claimant was seen by Dr. The claimant is reported to have injured her low back when she fell out of tower. She has had pain and discomfort since that time. She has been followed by D.C. She subsequently was seen by Dr. She reports adjustments have helped. Her pain is exacerbated by sitting, bending forward and lying down. On physical examination she is noted to be 5'6" tall and weighs 163 lbs. She has some tenderness to palpation of lumbar lumbosacral and SI areas. She has limited lumbar range of motion. She has 5/5 motor strength. Deep tendon reflexes are 1/4 and symmetric. Straight leg raise is reported to be positive in left lower extremity with positive sciatic tension sign. Radiographs of lumbar spine revealed grade I spondylolisthesis of L4 on L5. She was subsequently recommended to undergo MRI of lumbar spine. This study shows mild facet arthropathy at L2-3, L3-4. At L4-5 there is moderate spinal canal stenosis with severe facet joint arthropathy and diffuse bulging of the disc with grade I degenerative anterolisthesis at L4 and L5 with moderate bilateral neural foraminal narrowing. At L5-S1 there is marked facet joint arthropathy with mild left neural foraminal narrowing with no central spinal canal stenosis

or focal protrusion seen. When seen in follow-up Dr. reported that there is a large disc herniation of L4 level on the left. This is reported to cause moderate to moderately severe spinal stenosis at the L4-5 level.

The initial review was performed on 08/04/11 by Dr. Dr. notes that there is insufficient clinical information to establish the claimant has failed all conservative treatment and undergone preoperative psychological evaluation as required by ODG.

The subsequent appeal request was performed by Dr. on 08/18/11. Dr. notes the previous adverse determination and non-certification due to lack of documentation to include recent comprehensive clinical evaluation that would specifically correlate with diagnosis of lumbar spine instability, producing a radiculopathy and failure of conservative treatment. It is noted that clinic note dated 08/01/11 was submitted for review and requesting physician opines discectomy will create significant instability causing more and more pain in her back. He noted there is no recent documentation of associated clinical findings such as loss of relevant reflexes, muscle weakness or atrophy of appropriate muscle groups, loss of sensation in corresponding dermatomes, and therefore he finds that request has not been substantiated and non-certified the request.

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

The request for TLIF L4-5 with excision of HNP at L4 on left and 3 day inpatient stay is not supported by the submitted clinical information. The previous utilization reviews are upheld. The submitted clinical records indicate the claimant has history of low back pain attributed to a fall. Imaging studies indicate there is grade I spondylolisthesis of L4 on L5 which based upon imaging studies is degenerative in nature. The requestor notes a left lateralizing disc herniation which is not appreciated by the reading radiologist. The claimant is noted to have been treated with oral medications and physical therapy, but has not undergone any form of interventional procedures to include lumbar facet injections to rule out posterior element disease. The claimant's physical examination shows no significant loss of motor strength, reflexes or sensory perception. Additionally, the record does not establish the presence of instability at L4-5 level as no lumbar flexion / extension radiographs were performed. It is further noted that under current evidence based guidelines all patients undergoing lumbar fusion are to be referred for preoperative psychiatric evaluation to address any potentially confounding issues which could impact recovery from this extensive procedure. Based on the clinical information provided, the claimant does not meet criteria per ODG for requested surgical procedure.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES