

SENT VIA EMAIL OR FAX ON
Apr/16/2012

Pure Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/13/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Anterior Lumbar Interbody Fusion / Posterior Lumbar Interbody Fusion L5/S1

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
Utilization review determination 02/21/12
Preauthorization review report 02/21/12
Utilization review determination 03/12/12
Preauthorization review report 03/09/12
New patient evaluation and follow-up office notes Dr. 02/25/10-02/03/12
Psych diagnostic interview and testing 02/02/12
MRI lumbar spine 12/20/11 and 02/08/10
Operative report bilateral facet joint injection at L4-5 and L5-S1
Medication/prescription refill request
Functional capacity evaluation 05/24/10
Preauthorization request form
Reconsideration request

PATIENT CLINICAL HISTORY SUMMARY

The injured worker is a male whose date of injury is xx/xx/xx. Records indicate he was injured while asleep in bunk in an 18 wheeler which was involved in wreck. The injured worker was thrown from the bunk and landed on driver's seat chair. He complains of low back pain. MRI of lumbar spine performed 02/08/10 reported grade I lytic spondylolisthesis at L5-S1 with associated moderate foraminal compromise bilaterally, right greater than left. Records indicate the injured worker was treated conservatively with medications, physical therapy, and lumbar facet joint injections. The claimant was also placed on light duty. The injured worker was seen in follow-up on 11/01/11 regarding back and leg symptoms. He was noted to be having progression of pain and is unable to perform light duty such as sweeping and mopping without having to lie down for whole day. Lumbar spine examination reported tenderness to palpation in paraspinous region. There is mild right gluteal pain. He continues to have pain with extension, and there is mild to moderate pain with forward flexion. Neurologic exam reported gluteal pain on right with straight leg raise. There is only back pain on left. Sensation to light touch is intact and symmetrical in bilateral lower extremities. Reflexes were +2 at knees and +1 at ankles. There was no ankle clonus, and Babinski sign was negative. Musculoskeletal exam reported 5/5 strength with some mild gastrocsoleus weakness bilaterally at 4+/5. Repeat MRI of lumbar spine was obtained on 12/20/11 and revealed 5 mm of anterolisthesis of L5 on S1 with bilateral pars defects. There was mild right neural canal narrowing related to right sided facet arthropathy and 2-3 mm broad based right neural foraminal / far right lateral disc protrusion. The claimant underwent psychological evaluation on 02/02/12 and there were no psychological issues identified that would prevent the injured worker from undergoing discogram or undergoing surgical procedure such as lumbar fusion.

A request for anterior lumbar interbody fusion/posterior lumbar interbody fusion L5-S1 was reviewed on 02/21/12 and determined as not medically necessary. The reviewer noted that the injured worker does have spondylolisthesis at L5 on S1 but there was no recent conservative treatment noted. It was noted where fusion may be appropriate for instability, unsure that the injured worker needs both anterior and posterior procedure. The reviewer noted there was a lack of information regarding the injured worker's conservative treatments since undergoing facet injection in 2010. As such the proposed surgical procedure the documentation submitted for review does not supported the requested surgical procedure.

A reconsideration/appeal request for anterior lumbar interbody fusion/posterior lumbar interbody fusion was reviewed on 03/09/12 and the request was again determined as not medically necessary. It was noted that the medical records submitted do not indicate any significant conservative care for the injured worker other than the bilateral facet joint injections performed 03/15/10. No physical therapy notes were provided and no other interventional injection was provided. An MRI performed 12/20/11 showed only grade 1 spondylolisthesis of L5 on S1 with mild right neural canal narrowing and 2-3mm broad based right lateral disc protrusion. The records did not indicate any significant recent medications for the injured worker. As such the request does not meet current guidelines and is not medically necessary.

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

Based on the clinical information provided, the request for anterior lumbar interbody fusion/posterior lumbar interbody fusion L5-S1 is not indicated as medically necessary. The records indicate the injured worker sustained injuries when the 18 wheeler when he was sleeping in the bunk of an 18 wheeler that was involved in a wreck. He complains of low back pain. It appears that the injured worker had some conservative treatment in 2010 with facet joint injections performed 03/15/10. The injured worker also reportedly had 9-10 physical therapy sessions prior to 02/25/10. However there is no documentation of recent conservative care. On examination the injured worker had mild EHL weakness and gastrocsoleus weakness 4+/5, otherwise 5/5 throughout. Sensation was intact. Deep tendon reflexes were +2 at the knees, and +1 at the ankles. MRI did reveal grade 1 anterolisthesis of L5 on S1 with mild right neural canal narrowing related to right sided facet arthropathy and

a 2-3mm broad based right neural foraminal/far right lateral disc protrusion. However, there is no indication of flexion extension films documenting motion segment instability. As such medical necessity is not established for the proposed surgical procedure and the previous denials are upheld on IRO.

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)