

# I-Decisions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/01/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior/Posterior L3-5 Mini 360 Fusion 22612, 22614, 63090-62, 63091-62, and L3-5 Mini 360 Fusion, 22558, 22585, 22851, 20931, 63047, 63048, 22842

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

M.D., Board Certified 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** The reviewer finds medical necessity does not exist for Anterior/Posterior L3-5 Mini 360 Fusion 22612, 22614, 63090-62, 63091-62, and L3-5 Mini 360 Fusion, 22558, 22585, 22851, 20931, 63047, 63048, 22842.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Request for IRO dated 07/11/12

Utilization review determination dated 05/25/12

Utilization review determination dated 06/14/12

Clinical records Dr. 03/22/11-12/09/11

MRI lumbar spine 08/02/11

Clinic note Dr. 09/22/11

Clinic note Dr. 10/11/11

Clinic note Dr. 12/19/11-05/16/12

Psychiatric evaluation 12/30/11

Report of lumbar discography dated 03/07/12

Psychiatric evaluation 05/03/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. It was reported he was lifting a 100 lb grease head when he developed pain in low back that has persisted.

On 03/22/11 the claimant was seen by Dr. On physical examination he has tenderness to palpation of lower lumbar spine around L4-5 and L5-S1 levels. He has limited range of motion and palpable spasm of lower lumbar spine. Reflexes are intact. Straight leg raise is positive resulting in back pain. Strength and sensation are otherwise intact. The claimant was provided oral medications and referred to physical therapy. Records indicate the claimant continued to have low back pain despite conservative treatment including oral medications and physical therapy. He was subsequently referred for MRI of lumbar spine on 08/02/11. This study notes degenerative disc changes most apparent at L3-4 and L4-5. There is a right central inferior extrusion of disc material at L4-5, which abuts proximal descent of right L5 nerve root. There is no high grade narrowing of spinal canal or neural foramina. The greatest perceived narrowing of neural foramina is on left at L5-S1. He is noted to have undergone epidural steroid injections with initial good response and subsequent

return of low back pain.

The claimant is recommended to have undergone lumbar discography and was further referred to Dr. on 12/19/11. Per Dr.'s clinic note the claimant has history of back pain. He is reported to have had 10% disability in service when he was released off active duty in 1999. He is reported to have had an episode when he stepped into hole in 2002-2003, which is treated conservatively. On physical examination he is 5'11" tall and weighs 210 lbs. He points to L4-5 and L5-S1 areas. Sensation is normal and motor strength is intact. Radiographs are reported to show mild curvature convex to right. There is narrowing at L4-5 level questionably at L3-4. There is no evidence of instability. The claimant was recommended to undergo lumbar discography. He was referred for preoperative psychiatric evaluation. The evaluator allows the candidate to undergo discography and notes should the claimant be surgical candidate he should be referred back for additional evaluation.

Records indicate lumbar discography was performed on 03/02/12. This study included L3-4 and L4-5 levels, which were noted to have severe concordant pain graded as 8/10 at L3-4 and 10/10 at L4-5. This report does not indicate negative control disc.

The claimant was seen in follow-up on 03/14/12 at which time he was recommended to consider anterior / posterior fusion from L3-5. Dr. recommends disc replacement as being better option in terms of preserving integrity of adjacent levels. He recommended hybrid procedure with fusion at L5-S1 and artificial disc replacement at L4-5. On 05/03/12 the claimant was referred back to psychology for preoperative evaluation. He was cleared with fairly good prognosis with pain reduction and function improvement.

The initial review was performed by Dr. on 05/25/12. He non-certified the request. He notes imaging studies do not demonstrate dynamic instability at L3-4 and L4-5 level. He notes MRI does not corroborate disc height collapse or segmental spinal unit failure at these levels.

The appeal request was reviewed on 06/14/12 by Dr.. Dr. non-certified the request noting the claimant injured his back while lifting and sustained strain of back. He reported the claimant has preexisting degenerative changes not aggravated by injury. He further reported there is no other indication of instability and subsequently non-certified the request.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The available clinical record indicates the claimant sustained injury to low back as result of lifting 100 lb object. These records indicate the claimant is refractory to conservative treatment. The imaging studies provide no indication of instability at any requested operative levels. In addition to this, the claimant has undergone lumbar discography without apparent controlled disc. As such, the results of the discogram are suspect and inconclusively establish the presence of discogenic disease isolated to these two levels. Based on the clinical information provided, the claimant does not meet ODG criteria as there is no evidence of instability. Further, it would appear surgery is being predicated on results of lumbar discography, which is not supported under ODG. Therefore, the reviewer finds medical necessity does not exist for Anterior/Posterior L3-5 Mini 360 Fusion 22612, 22614, 63090-62, 63091-62, and L3-5 Mini 360 Fusion, 22558, 22585, 22851, 20931, 63047, 63048, 22842.

**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)