

C-IRO Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Nov/21/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient Surgery with 2-3 day LOS/360 Fusion @ L4-S1 with Left L5-S1 Laminectomy

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

M.D., Board Certified Orthopedic Surgeon
Spinal 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds the request for Inpatient Surgery with 2-3 day LOS/360 Fusion @ L4-S1 with Left L5-S1 Laminectomy is not supported as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Legal correspondence 11/01/12
Request for IRO 10/17/12
Receipt of request for IRO 11/01/12
Utilization review determination 10/12/12
Utilization review determination 10/24/12
MRI lumbar spine 09/13/10
Radiographic report lumbar spine 12/27/10
EMG/NCV study 01/28/11
Clinical records 05/25/11-08/09/12
Procedure report lumbar epidural steroid injection 05/26/11
Clinical note 09/12/11-08/20/12
CT myelogram lumbar spine 10/14/11
Radiographic report lumbar spine 10/14/11
Procedure report lumbar epidural steroid injection 05/31/12
Report lumbar discography 08/02/12
CT lumbar spine 08/02/12
Pre-operative behavioral health evaluation 09/25/12
Chiropractic treatment notes multiple dates

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who is reported to have sustained injuries to his low back as a result

of work related activity. Records indicate that he fell off the floor approximately from a height of about 14 feet and landed on the hard ground upright. He was referred for MRI of the lumbar spine which showed degenerative disc disease involving the L5-S1 disc space, an extruded disc in the central and paracentral region on the left side at the L5-S1 level with downward displacement of the left S1 nerve root, a central disc protrusion at the L4-5 level, and a central spinal canal lateral recess and foraminal stenosis on the left at L5-S1. Radiographs of the lumbar spine noted stable alignment throughout flexion to extension. There was evidence of degenerative disc disease at L5-S1 on 01/28/11.

The claimant was referred for EMG/NCV study, which noted increasing irritability of the left L5-S1 paraspinal musculature with findings suggestive of a bilateral S1 nerve root pathology. The claimant came under the care of and was noted to have low back pain with radiation into the left calf. He underwent a lumbar epidural steroid injection on 05/26/11 with greater than 50% relief in his left leg pain and there was a mention of facet injections at L4-5 and L5-S1.

On 09/12/11, the claimant was seen. At this time, his mechanism of injury was reported to have been he bent down to grab when he developed low back pain and he had complaints of radiation to the left lower extremity and current medications include Lyrica, Norco 10/325, and Flexeril and on physical examination he was 69 inches tall and weighed 203 pounds and is noted to have 4/5 strength in the right gastrocsoleus. Sensation was globally decreased in the L4, L5, and S1 distributions. Straight leg raise was reported to be positive on the right. On examination of the left lower extremity, anterior tibialis, EHL, and gastrocsoleus were graded as 4/5. Sensation was decreased globally. Reflexes were 2+ in the quadriceps and 1+ in the Achilles. The claimant was reported to be a surgical candidate secondary to failure of epidural steroid injections. He was recommended to undergo fusion from L4-S1 and he was referred for CT myelogram.

On 10/14/11, the claimant underwent CT myelogram of the lumbar spine. This study noted a central and paracentral disc protrusion at L5-S1 with obliteration of epidural fat. There was evidence of a central disc protrusion at the L4-5 level. There was central spinal canal stenosis at L4-5 and L5-S1. There was no evidence of instability on flexion or extension views. On 11/11/11, the claimant was seen in follow-up. The claimant had continued complaints of low back pain. subsequently recommended an L4-S1 anterior posterior fusion with left L5-S1 laminectomy and facetectomy.

The claimant was seen in follow-up on 01/15/12. There were no substantive changes and he was again recommended to undergo surgical intervention. Records indicate that the claimant was seen again and recommended to undergo additional epidural steroid injections, which were performed on 05/31/12. The records do not suggest that the claimant had any substantive benefit. He was then referred for lumbar discography on 08/02/12. He was noted to have normal architecture with pain at the L3-4 level. The claimant was reported to have concordant pain graded as 10/10 at L4-5 and 8/10 at L5-S1. Post-myelogram CT noted annular tears at L4-5 and L5-S1 with disc protrusions. On 08/09/12, the claimant was seen in follow-up at which time it was reported that his psychiatric screening showed moderate depression. The record includes a psychiatric evaluation dated 09/25/12. The claimant was noted to have a BDI score of 31 and a BAI of 23, noting moderate anxiety and severe depression. Despite these elevated levels, the evaluator opined that the claimant had a realistic expectation and cleared the claimant for surgical intervention.

The initial review was performed on 10/12/12. non-certified the request, noting that the claimant had failed non-operative care and noted an L5-S1 disc extrusion and central canal and lateral recess stenosis with neurological deficits. He opined that the claimant was a candidate for decompression. However, the claimant did not exhibit spondylolisthesis or instability to warrant fusion.

The appeal request was reviewed. non-certified the request. A peer-to-peer was conducted with. In discussion the claimant was noted to have concordant pain on lumbar discography with no evidence of instability. noted that in the absence of evidence of significant impingement or instability, the procedure would not be recommended as medically necessary

and therefore non-certified the request.

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

This claimant has a chronic history of low back pain with radiation to the lower extremities. He has undergone multiple imaging studies, which have failed to show any evidence of instability at any level. The claimant is noted to have undergone lumbar discography. The validity of this study has not been established. The records would indicate that the claimant had high levels of pain at all three levels tested and no clear control test. It would further be noted that, at the approximate time that the study was conducted, the claimant had high levels of depression and anxiety, which had not been treated. Based upon the submitted imaging studies, the claimant is not a candidate for fusion as there is no evidence of instability. Further, he is noted to be a poor surgical candidate as he has high levels of depression and moderate levels of anxiety that have yet to be treated. Therefore, based on the totality of the clinical information submitted, the reviewer finds the evidence-based guidelines have not been followed. The request for Inpatient Surgery with 2-3 day LOS/360 Fusion @ L4-S1 with Left L5-S1 Laminectomy is not supported as medically necessary.

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)