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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Nov/28/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

360 Fusion at the L4-L5, 1 Co-Surgeon and 2 Days of In-Patient Hospital Stay

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

M.D., 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)

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 360 Fusion at the L4-L5, 1 Co-Surgeon and 2 Days of In-Patient Hospital Stay is not indicated as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Tax information not dated

Texas worker's compensation work status reports various dates

Work comp profile not dated

Clinical note 01/13/11

Physical therapy note 01/21/11

Clinical notes 03/03/11-09/19/12

MRI lumbar spine 03/14/11

Operative report 04/20/11

Required medical examination 06/01/11

Report of medical evaluation / designated doctor's evaluation 06/17/11

Operative report 10/11/11

Radiographic report lumbar spine AP and lateral view 10/11/11

Clinical notes 10/31/11-11/28/11

Functional capacity evaluation 03/21/12

Weekly progress report 03/26/12-06/01/12

Peer review addendum 08/30/12

Behavioral medicine evaluation 09/18/12

Peer review report 09/25/12

Utilization review determination 09/27/12

Peer review report 10/11/12

Utilization review determination 10/11/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male whose date of injury is xx/xx/xx. He was injured when he fell at work. He complained of low back pain radiating to the right lower extremity. He is status post right inguinal hernia repair. After failing conservative treatment, the claimant underwent L4-5 laminectomy/discectomy on 10/11/11 followed by post-operative physical therapy and a work hardening program. The claimant continued to complain of low back pain and right leg pain. Office note dated 09/19/12 indicated the claimant had previous laminectomy and returned to work for full duty without restriction. He attempted to return to work but was unable to tolerate low back pain.

He is now having significant low back pain with continued range of motion limitations. He has positive femoral stretch test indicating nerve compression of the L4 nerve root. The claimant was recommended to undergo lumbar fusion surgery. Behavioral medicine evaluation on 09/18/12 determined the claimant was clear for surgery based on pre-surgical psychological screening with fair prognosis for pain reduction and functional ability.

A request for 360 fusion at L4-5, one co-surgeon, and two days of inpatient hospital stay was reviewed by physician advisor on 09/25/12 and the request was non-certified. It was noted that the claimant was injured when he was dumping trash and fell between gaps in the dumpster floor. He sustained a contusion of foot/lumbar and hernia strain. He underwent discectomy/laminectomy at L5-S1 on 10/12/11 and had completed post-operative physical therapy. Previous treatments included surgeries, physical therapy, steroid injections, TENS unit, and pain medication. MRI of the lumbar spine dated 03/14/11 revealed disc degeneration and diffuse 6mm posterior disc protrusion at L4-5 with mild bilateral facet hypertrophy with canal stenosis and mild bilateral foraminal encroachment at this level. A transitional sacralized L5 vertebra was noted with a rudimentary disc at L5-S1. Follow up note dated 08/13/12 indicated the claimant was unable to perform his duties at work due to severity of pain. On examination, neurological and musculoskeletal examinations were unchanged. The claimant still had significant decreased range of motion and pain in the lumbar spine with mild neurological deficits including paresthesia and significant pain with femoral stretch test. The reviewer noted that the 06/17/12 report indicated there was segmental instability at L4-5, but recent plain radiographs that objectively confirm this finding were not provided to warrant fusion at this level. In addition, the latest MRI dated 03/14/11 only demonstrates mild disc degeneration and posterior disc protrusion at L4-5 with mild bilateral facet hypertrophy, canal stenosis, and mild bilateral foraminal encroachment. There was no impingement or displacement of the exiting nerve roots. It was noted that the psychological evaluation report mentioned that the claimant was terrified and reluctant about spine surgery because he did not see a big change from his previous surgery and also noted that his pain and impairment relationship score scale score may predict poor outcome for medical or surgical intervention if he has other poor treatment indicators.

An appeal request for 360 fusion at L4-5, one co-surgeon, and two days of inpatient hospital stay was reviewed by physician advisor on 10/11/12, and the request was non-certified. The reviewer noted clinical documentation continues to lack evidence to support the request. There are no recent imaging studies of the claimant's lumbar spine to support the claimant undergoing fusion at L4-5 level. Last imaging study of claimant's lumbar spine dated 03/14/11 was prior to claimant's last surgical intervention of lumbar spine in 10/11. Additionally, there were no plain radiographs of claimant's lumbar spine to indicate instability. Furthermore, the clinical documentation submitted for review indicated upon psychological evaluation it was recommended he seek psychological support due to moderately active depression and anxiety, and psychological evaluation reported the claimant was very reluctant about spinal surgery. There was no evidence the claimant has had any follow-up psychological evaluations prior to surgery. Psychological evaluation indicated the claimant's PAIRS score may predict poor outcome for future surgical intervention if he had other poor treatment indicators. Upon discussion of the case with the reported asymmetrical collapse of disc space, but no flexion / extension instability. indicated he was unclear if psychological evaluation had been performed as there was lack of any subsequent psychological interventions and recent imaging studies of lumbar spine, the appeal request is non-certified.

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

The claimant is noted to have sustained injuries on xx/xx/xx. He underwent right inguinal hernia repair. He also underwent L4-5 laminectomy discectomy on 10/11/11 followed by postoperative physical therapy and work hardening. Records indicate the claimant attempted to return to work but was unable to tolerate pain. Records indicate there is motion segment instability at L4-5 level, but no flexion / extension films were provided documenting this. Moreover, no postoperative imaging studies were submitted for review as MRI provided was performed on 03/14/11 prior to the claimant undergoing surgery on 10/11/11. As noted on previous reviews, there were psychological factors identified with recommendation for the claimant to undergo one visit of psychotherapy as the claimant was noted to be terrified and reluctant about spinal surgery. Therefore, it appears the confounding issues have not been resolved. Given the current clinical data, the reviewer finds the request for 360 Fusion at the L4-L5, 1 Co-Surgeon and 2 Days of In-Patient Hospital Stay is not indicated 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)