

# Prime 400 LLC

An Independent Review Organization  
8760 A Research Blvd., #241  
Austin, TX 78758  
Phone: (530) 554-4970  
Fax: (530) 687-9015  
Email: manager@prime400.com

## NOTICE OF INDEPENDENT REVIEW DECISION

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

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

360 fusion L5-S1 with bilateral laminectomy, with a two to three day inpatient length of stay, with a surgical assistant

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

M.D., Board Certified Orthopedic Surgeon

**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 the requested 360 fusion L5-S1 with bilateral laminectomy, with a two to three day inpatient length of stay, with a surgical assistant.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Request for independent review 11/05/12

Receipt of request for review 11/06/12

Utilization review determination 09/21/12

Utilization review determination 10/22/12

Treatment records 04/16/12-07/17/12

Pre-surgical psychiatric evaluation 09/04/12

Radiographic report lumbar spine 05/11/12

MRI lumbar spine 05/16/12

Clinical note 06/04/12

Clinical records

Procedure report lumbar epidural steroid injection 06/25/12

Clinical note 08/17/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who was reported to have sustained a work related injury on xx/xx/xx while lifting and carrying. It was reported that the bar and the beam fell on to his right shoulder and then on to his back and the claimant initially received care receiving extensive physical therapy treatments and records indicate that the claimant was referred for plain radiographs of the lumbar spine on 05/11/12 and this study noted a grade 1 spondylolisthesis at L5-S1. The record includes an MRI of the lumbar spine which noted facet joint effusions at L3-4 and L4-5 and L5-S1 and at L5-S1 there was a 3mm disc protrusion with a 4mm left posterolateral component and there was a grade 1 anterolisthesis with moderate left neural

foraminal narrowing and might be mild right neural foraminal narrowing.

On 06/04/12, the claimant was seen and the claimant was reported to be status post physical therapy without any substantive improvement and currently is prescribed for pain medications and anti-inflammatories.

On examination he was noted to be 5'8" tall and weigh 300 pounds and lumbar range of motion was decreased in forward flexion and he was noted to have 5/5 strength in the lower extremities with no difficulty performing heel and toe walking. Straight leg raise was negative bilaterally and sensory was intact. MRI was reviewed and opines that the claimant is not a surgical candidate and subsequently recommended interventional procedures such as epidural steroid injections and a weight loss program. On 06/15/12, the claimant was seen who performed a lumbar epidural steroid injection on 06/25/12 post-operatively. He had no benefit from the injection and he was to be referred back to.

On 08/17/12, the claimant was seen. At this time, he had complaints of low back pain made worse by activity and non-operative treatments have included oral medications and steroid injections. On evaluation of the lower extremities, he was noted to have 4/5 strength in the right lower extremity and decreased sensation in an L5-S1 distribution and positive straight leg raise with a decreased Achilles reflex and identical findings were noted in the left lower extremity. The claimant subsequently was recommended to undergo an L5-S1 anterior posterior fusion with bilateral laminectomy. On 09/04/12, the claimant was referred for pre-operative psychiatric evaluation and he was noted to have a BDI2 of 8 indicating minimal depression and BAI of 8 reflecting mild anxiety.

The initial review was performed on 09/21/12 and non-certified the request, noting that lumbar fusion for spondylolisthesis is recommended as an option in individuals who have failed in excess of six months of conservative care or who have more compelling indications such as a neurological deficit for a fusion. He noted that the issue in this case would pertain to the comorbidities of the claimant. This included morbid obesity and diabetes, placing him at increased risk for complications. A peer to peer was eventually performed with. He noted that, in discussion the claimant has weakness in multiple nerve root distributions that do not fit into an L5-S1 distribution, subsequently raising questions about whether or not he would benefit from surgical intervention.

The appeal request was reviewed on 10/22/12. non-certified the request. noted that, while the claimant has a grade 1 anterolisthesis, there is no documentation of further instability on flexion extension radiographs and no data from the requester suggesting it would further destabilize at the time of surgery. provided no substantive new information and therefore upheld the previous denial.

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

This man sustained injuries to his back and shoulder as a result of a heavy beam striking him. The claimant has undergone conservative management consisting of oral medications and physical therapy and a single epidural steroid injection without improvement. The record notes that the claimant is morbidly obese. Imaging studies indicate the presence of a grade 1 anterolisthesis without evidence of movement on flexion and extension views. The claimant has undergone one epidural steroid injection without benefit. He was referred for pre-operative psychiatric evaluation, which reports low levels of both depression and anxiety. Given the significant obesity of the claimant and the presence of type 2 diabetes, he is unlikely to benefit from the surgical procedure. Additionally, the records provide no data to establish the claimant is unstable at the L5-S1 level or has failed appropriate conservative management. Therefore in the absence of instability, the reviewer finds medical necessity is not established for the requested 360 fusion L5-S1 with bilateral laminectomy, with a two to three day inpatient length of stay, with a surgical assistant.

**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)