

# Pure Resolutions LLC

An Independent Review Organization  
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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:**

L4-S1 360 degree fusion with bilateral lamiectomies

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

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.**

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

ODG - Official Disability Guidelines & Treatment Guidelines  
Clinical notes dated 12/19/07 – 11/30/09  
Clinical notes dated 03/19/10 – 06/20/12  
Clinical notes dated 01/11/11 – 05/25/12  
Procedure note dated 04/08/09  
Psychological evaluation dated 08/16/12  
CT myelogram of the lumbar spine dated 01/25/11  
Electrodiagnostic studies dated 05/11/10  
MRI studies of the lumbar spine dated 01/14/08 – 05/15/12  
Designated doctor's evaluation dated 04/25/12  
Prior reviews dated 08/29/12 and 09/21/12  
Cover sheet and working documents

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who sustained an injury on xx/xx/xx when she was struck by a motor vehicle. The patient was initially assessed with minor head trauma as well as neck and back strains. Conservative treatment to date has included multiple epidural steroid injections, most recently performed in 09/11. Prior physical therapy has also been performed for 15 sessions. Initial MRI studies of the lumbar spine completed on 01/14/08 revealed borderline canal stenosis secondary to diffuse disc bulging at L4-5. Electrodiagnostic studies completed in 05/10 revealed evidence of a chronic left S1 radiculopathy. A repeat MRI of the lumbar spine completed on 05/15/12 revealed a 2-3 mm disc protrusion at L4-5 with contact of the thecal

sac. A 3-4 mm posterior disc protrusion was noted at L5-S1 mildly indenting the thecal sac. No foraminal stenosis was noted. Clinical evaluation with on 05/25/12 stated that the patient continued to complain of low back pain radiating to the left lower extremity. Physical examination revealed mild weakness at the left anterior tibialis, gastroc, and extensor hallucis longus. There is decreased sensation in a L4-S1 dermatome and reflexes are reduced at the left Achilles. The patient was recommended for anterior to posterior fusion from L4-S1 with bilateral laminectomies. The patient underwent a psychological consult on 08/16/12. The patient's BDI score was 34 and her BAI score was 28 indicating severe depression and moderate anxiety. The patient's FABQ scores were at maximum at 40 for work and 23 for physical activity. The patient was assessed as an appropriate candidate for spinal surgery.

The request for L4-S1 360-degree lumbar fusion with bilateral laminectomies was denied by utilization review on 08/29/12 as there was insufficient objective evidence regarding lumbar radiculopathy and there was no evidence to support a 360-degree lumbar fusion from L4-S1 due to the lack of instability or subluxation.

The request was again denied by utilization review on 09/21/12 as there was no documentation regarding lumbar instability.

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

The requested L4-S1 360-degree lumbar fusion with bilateral laminectomies would not be supported as medically necessary based on the clinical documentation provided for review and current evidence based guidelines. The most recent MRI study of the lumbar spine was fairly unimpressive for any significant nerve root or central canal compression that would reasonably require decompressive laminectomies. The MRI study also did not identify any significant disc space collapse, spondylitic spondylolisthesis, or motion segment instability at the requested levels that would support lumbar fusion. Current evidence based guidelines recommend that there be objective evidence regarding spinal instability to support lumbar fusion. Given the lack of any significant pathology, a 360-degree fusion would not be supported. Additionally, the psychological evaluation provided for review identified significant depression and anxiety symptoms as well as severely elevated fear avoidance scores. No further in-depth psychological testing was provided for review to support clearing the patient for surgical intervention. As the clinical documentation provided for review does not meet guideline recommendations for the requested services, medical necessity is not established and the prior denials are upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**