

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Feb/01/2012

**IRO CASE #:**

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

Lumbar Laminectomy levels L3-4, L4-5 and fusion L3-L4, one day stay

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

M.D., Board Certified 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines  
Request for IRO 01/12/12  
Treatment records 08/04/11-11/08/11  
IRO determination 12/01/11  
IRO utilization review determination 12/19/11  
Clinical records 10/03/11-12/06/11  
MRI lumbar spine 09/20/11  
Electrodiagnostic interpretation 03/14/11  
MRI lumbar spine 04/04/08  
Work hardening progress notes various dates  
MRI lumbar spine 01/04/08  
MRI left elbow 01/21/08  
MRI right knee 07/14/07  
MRI cervical spine 06/30/07 and 03/20/07  
Clinical records Ibrahim Elkomy 06/16/11  
EMG/NCV study undated  
Clinical records 04/05/07  
EMG/NCV study 07/14/09  
MRI lumbar spine 03/23/10  
MRI brain 03/23/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who sustained an injury to his low back on xx/xx/xx. It is reported he sustained injuries to the neck, low back and right knee as result of fall from faulty scaffolding. He is approximately 8 feet high. Records indicate the claimant underwent extensive conservative treatment and later underwent multiple surgical interventions. Per most recent EMG/NCV he has had 7 surgeries to lumbar spine, which included L3-5 laminectomy. This study notes multilevel bilateral radiculopathy. Records indicate the claimant has largely been under release of care of He is noted to have 3-year history of urinary and fecal incontinence

and subsequently wears protective garments. It is reported the claimant was pending chronic pain management program. He was referred for repeat MRI of lumbar spine on 09/20/11. He is reported to have some canal narrowing from mid and inferior aspects and some congenital component. There is evidence of spondylolysis and disc disease in greater lower lumbar spine with varying degrees of disc desiccation, disc space narrowing, and marginal osteophyte formation. There is evidence of prior laminectomy at L4 and prior right hemilaminectomy at L5. He is noted to have canal narrowing without stenosis at L2-3, mild to moderate canal stenosis at L3-4, posterior element hypertrophy at L3-4 with no foraminal stenosis seen at any levels.

At L4-5 there is annular bulge but no focal protrusion. There is posterior element hypertrophy. There is moderate canal stenosis and bilateral foraminal narrowing worse on right. At L5-S1 there is annular bulge without focal protrusion. There is posterior element hypertrophy and no stenosis. Records indicate the claimant was seen by on 10/03/11 and continues to have complaints of severe back problem. He is noted to have sphincter problem, problem with urination, and reported wetting himself all the time. He reported pain and discomfort in right side of groin. On examination he has difficulty bending, walking, and uses cane to ambulate. reports the claimant has considerable amount of keloid in area of surgery. He believes the claimant should have another surgery as soon as possible and recommends decompressing at L3-4 and L4-5 with fusion at L4-5 level. The claimant was seen by on 10/25/11. He is reported to have severe spinal stenosis at L4-5 and L5-S1. He has great difficulty walking and radicular pain to right lower extremity with paresthesias and numbness. Subsequently the claimant is recommended to undergo surgery at both L3-4 and L4-5 with possible Aspen fusion at L4-5. The claimant was seen in follow-up by on 11/15/11. The claimant reported numbness in both sides of legs laterally as well as numbness in region of sphincters. The claimant is reported to have changes at levels of L2-3, L3-4, and L4-5. recommends the claimant undergo surgery at L3-4, L4-5 and possibly L5-S1 with fusion at L3-4. The claimant was seen in follow-up on 12/06/11. It is noted surgery was denied. He continues to complain of paresthesias and numbness in region of sacroiliac area. He reported some radiation past the knee. He reported intermittent loss of sphincters. It is reported he has had 7 lumbar surgeries and three were due to spinal fluid leak, and the patient had to be returned back to surgery to try and stop spinal fluid leaks. The claimant has build up of scar and eventually will need another surgery for reduction in scar and decompression of nerve roots. It is noted the claimant will require laminectomy, discectomy, lysis of adhesions, spinal fusion at L3-4 and maybe L4-5. On 12/01/11 the case was reviewed by opines lumbar laminectomy, discectomy with fusion at L3-4, L4-5 is not appropriate. The submitted clinical records provided insufficient data and serial imaging studies. He noted the claimant has low back pain with radicular complaints radiating into lower extremities. He has undergone EMG/NCV study, which was incomplete but reported L5-S1 radiculopathies. He noted the claimant has undergone 7 surgeries without records regarding this. He noted prior operative reports are crucial in determining medical necessity of multilevel fusion. He noted imaging studies note mild to moderate stenosis and requestor has not provided detailed physical examination to correlate with imaging studies and claimant's subjective complaints. He notes further there is urinary incontinence, which is yet to be assessed and there are no lumbar flexion extension radiographs establishing instability at any of the operative levels. Given his history of surgery he further recommends that a psychiatric evaluation would be required and non-certified the request. A subsequent appeal review was performed by on 12/19/11 who notes that it is not clear radiographically that the claimant meets criteria for lumbar fusion over discectomy. Given the number of previous surgeries there would be benefit from a psychological evaluation and non-certified the request.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

This claimant has a history of seven lumbar surgeries with no sustained relief. He is reported to have both urinary and fecal incontinence and there is absolutely no data in the clinical record that this has been evaluated or worked up to establish whether the claimant has neurogenic bladder or bowel. The records submitted from the requesting surgeon do not provide any detailed physical examination to correlate with the imaging studies. Previous operative reports are not submitted for review. There is a clear lack of detailed information.

The reviewer finds no medical necessity at this time for Lumbar Laminectomy levels L3-4, L4-5 and fusion L3-L4, one day stay.

**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)