

SENT VIA EMAIL OR FAX ON
Dec/29/2011

Pure Resolutions LLC

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DATE OF REVIEW:

Dec/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L5/S1 fusion with assistant surgeon and 3 day LOS

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

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

OD Guidelines

Pre-authorization determination 10/28/11

Pre-authorization determination 12/02/11

Pre-auth request form 10/25/11

Pre-auth request form reconsideration 11/02/11

Diagnostic psychological interview 09/29/11

Physical therapy plan of care and progress notes 08/24/11 through 09/12/11

Office notes 08/11/11 through 12/06/11

MRI lumbar spine 07/29/11

Narcotic contract 07/11/11

Patient information sheet 07/20/11

Laboratory report blood and nicotine and metabolite 12/07/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who reportedly was injured on xx/xx/xx. Records indicate the claimant turned and twisted his back with immediate onset of low back pain. Records indicate he has a previous history of L5-S1 disc excision in 2004. He now complains of low back pain with radiation to the left leg. Records indicate MRI of the lumbar spine dated 07/29/11 revealed post-operative left sided laminectomy at L5-S1 with recurrent left paracentral 4mm disc protrusion/herniation with facet arthropathy creating compression of the thecal sac and left S1 nerve root. Claimant was noted to have participated in physical therapy with minor improvement. Claimant was prescribed medications. Office note dated 09/19/11 indicated the claimant's back pain is worsening with radiation to the lateral aspect of the left leg, and the pain has not been relieved by anything. He has finished physical therapy and is not doing

any better, maybe even worse. He is taking 6-12 hydrocodone daily. On examination sensation to pin prick and light touch was intact. Motor strength was 5/5 throughout the bilateral lower extremities. There was no ankle clonus. Straight leg raise was negative. Gait was normal, and the claimant was able to toe walk and heel walk. The claimant was noted to have failed to respond to activity modification, physical therapy and NSAID treatment. It was felt that epidural steroid injection was not likely to be of benefit and the claimant was recommended to undergo surgical intervention with L5-S1 fusion.

A pre-authorization request for L5-S1 360 fusion with assistant surgeon and three day inpatient stay was reviewed, and the request was denied as not medically necessary. It was noted that the claimant has continued low back pain and pain going into the left leg not improved by physical therapy or medications. Imaging studies revealed post-operative left sided laminectomy at L5-S1 with recurrent left paracentral disc protrusion with facet arthropathy creating compression of the thecal sac and left S1 nerve root. Psychological evaluation deemed the claimant to be a suitable candidate for surgery. It was noted that Official Disability Guidelines indicate that fusion surgery is not recommended for patients who have less than six months of failed conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurological dysfunction. Guidelines further indicate that all physical medicine and manual therapy intervention should be completed prior to going to fusion surgery and that a psychosocial screen should be performed. Furthermore there should be x-rays or imaging studies demonstrating spinal instability and demonstrating disc pathology. Prior to fusion it is recommended that injured worker refrain from smoking for at least six weeks prior to surgery. Medical records did not demonstrate significant instability about the proposed surgical site and did not demonstrate that this claimant stopped smoking. Note of 09/19/11 indicates the claimant smokes less than a pack a day, and psychological evaluation states the claimant does not smoke at all. This needs to be clarified prior to going into surgery. As cessation of smoking has not been identified and as instability about the surgical site has not been identified, the request does not meet current guidelines. Furthermore there does not appear to be any significant progressive neurologic symptoms or structural instability. As such surgery is not recommended for patients who have less than six months of failed recommended conservative care.

An appeal request for L5-S1 360 fusion with assistant surgeon and three day inpatient stay was reviewed on 12/02/11, and the appeal was denied. It was noted that the claimant has had a prior L5-S1 disc excision in 2004 and has now developed further low back pain radiating to the left leg. He has been using considerable hydrocodone. He does not want to do epidural steroid injections. Neurologic exam did not demonstrate any objective deficits or reflexes, motor or sensory exam. Lumbar MRI was completed without gadolinium, and was interpreted to show a small left 4mm disc protrusion at L5-S1 on the left. It was noted the claimant is a smoker and there was no assessment whether he has truly discontinued smoking.

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

Based on the clinical information provided, medical necessity is not established for the proposed L5-S1 fusion with assistant surgeon and three day LOS. The claimant is noted to have sustained an injury to the low back on 06/30/11. He has a remote history of previous decompression with left sided laminectomy performed at L5-S1 in 2004. MRI revealed a recurrent left paracentral disc protrusion with facet arthropathy creating compression of the thecal sac and left S1 nerve root. The claimant was treated conservatively with medications and physical therapy. He declined epidural steroid injections. On examination there was no evidence of motor, sensory or reflex changes. Straight leg raise was negative and the claimant was able to toe walk and heel walk. There is documentation that the claimant had stopped smoking. As noted on previous reviews, lumbar fusion is not recommended for patients who have less than six months of failed conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurological dysfunction. No flexion extension films were provided with objective evidence of motion

segment instability. There was no evidence of progressive neurologic dysfunction. As such medical necessity is not established for the proposed L5-S1 fusion. Official Disability Guidelines also provide that lumbar fusion may be a consideration after two failed discectomies at the same level; however, the records indicate this claimant has only had one previous surgery at this level and again medical necessity is not established.

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)