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 OF REVIEW: Dec/16/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
inpt lami discectomy w/ PLIF L5-S1 w/Ped screw or spacer fixato LOS x 2

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgeon
Spine Surgeon

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines
Utilization review findings 10/21/11
Utilization review findings 11/16/11
response regarding disputed services 11/29/11
MRI lumbar spine 05/05/10
Lumbar discogram with post CT dated 09/09/11
Operative report bilateral L5, S1 lumbar transforaminal epidural steroid injection 06/28/10
Office notes 04/14/10-08/17/11
Office note 10/07/11
Peer review 08/12/10
Claim file analysis for designated doctor evaluation 06/27/11
Designated doctor evaluation 02/01/11 and 06/27/11
Physical therapy notes 11/17/10-01/11/11

PATIENT CLINICAL HISTORY SUMMARY
This case involves a male who was injured on xx/xx/xx. He reported pain in his chest, neck, upper back and low back. MRI of lumbar spine performed on 05/05/10 revealed degenerative disc disease at L5-S1 with bulging / protrusion of disc. There is no significant acquired central canal stenosis. There is moderate L5 foraminal stenosis present on both sides with some crowding of exiting root sleeves of neural foramina bilaterally. Lumbar discogram on 09/09/11 reportedly was positive for concordant pain at L5-S1. He underwent bilateral L5 and S1 transforaminal epidural steroid injections on 06/28/10. He also underwent a course of physical therapy from 11/17/10-01/11/11. He had no significant relief with medications, epidural steroid injections, or physical therapy. He was recommended to undergo surgical intervention with lumbar laminectomy, discectomy and posterior lumbar interbody fusion L5-S1 with pedicle screw fixation.

The request was denied after utilization review of 10/21/11. Reason for denial was no

documentation of imaging showing instability. The request was denied again on 11/16/11. Per report dated 10/07/11, physical examination reveals that the patient has positive straight leg raise bilaterally. He has difficulty ambulating on his toes but seems to do all right on his heels. Per referenced guideline, indications for surgery include correlation of the claimant's clinical signs, and symptoms, radiographic imaging studies as well as conservative treatment.

The most recent medical report dated 10/07/11 did not provide detailed neurologic, motor or sensory examination demonstrating the presence of nerve root compression. It was mentioned that conservative treatment did not help; however, objective documentation of this was not provided. The physical therapy notes submitted for review did not clearly document the presence of failure of therapy. There was also no documentation of optimized oral pharmacotherapy utilization. Moreover, a psychological screening that may affect outcome to surgery was likewise not provided.

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

This man sustained an injury on 03/17/10 while operating a backhoe. MRI revealed degenerative disc disease at L5-S1 with disc bulge / protrusion, but no significant acquired central spinal canal stenosis. There is moderate L5 foraminal stenosis present on both sides with some crowding of the exiting root sleeve in neural foramina bilaterally. He was treated conservatively with medications, physical therapy and epidural steroid injections without significant benefit. Examination on 10/07/11 reported straight leg raise positive bilaterally. Knee and ankle jerks were positive. Straight leg raise was positive on right at 60 degrees and on left at about 95 degrees. The claimant had difficulty ambulating on toes, but did all right on heels. Plain x-rays were noted to confirm joint space narrowing at L5-S1. There is no documentation of motion segment instability as demonstrated by flexion / extension views. Moreover, there is no indication that a presurgical psychological evaluation addressing confounding issues was completed. The reviewer finds the clinical data provided does not support determination of medical necessity for the proposed inpt lami discectomy w/ PLIF L5-S1 w/Ped screw or spacer fixato LOS x 2 in accordance with Official Disability Guidelines Low Back Chapter.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)