

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 01/03/12

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: inpatient two (2) days length of stay to perform lumbar laminectomy, discectomy, arthrodesis with cages, posterior instrumentation, implantable bone growth stimulator (EBI) to the L4-5-S1 levels.

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

Texas Board Certified Orthopedic Surgeon
Fellowship Trained in Spine Surgery

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. MRI lumbar spine, 05/18/06
2. Dr., 06/13/06
3. Notice of utilization review findings dated 12/02/11 and 12/12/11
4. Spine and Rehabilitation, 02/12/07 – 11/22/11
5. Information provided includes clinical notes dated 10 /12/07, 05/30/06, 05/07/05, 06/13/06, 02/15/07, 03/22/07, 04/19/07, 05/08/07, 05/29/07, 06/19/07, 06/27/07, 07/13/07, 08/09/07, 09/11/07, 10/12/07, 11/15/07, 11/20/07, 12/11/07, 01/04/08, 01/15/08, 02/26/08, 03/26/08, 04/08/08, 04/29/08, 06/03/08, 07/08/08, 08/12/08, 09/16/08, 10/21/08, 11/25/08, 02/03/09, 01/30/10, 01/10/2011, 02/22/11, 03/22/11, 03/31/11, 05/31/11, 07/05/11, 08/09/11, 08/25/11, 09/13/11, 10/18/11. Procedure note dated 01/17/11
6. Functional Capacity Evaluation dated 03/19/09

7. Required Medical Evaluation dated 06/26/07 and 08/17/07
8. Designated Doctor Evaluation 03/01/07 and 03/01/0
9. Required Medical Examination dated 09/13/11
10. Medical review performed on 06/23/09
11. Designated Doctor Examination dated 05/31/08
12. Medical Review dated 04/01/08
11. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

This is a female with low back pain. She sustained an injury on xx/xx/xx while transferring a. She felt pain in the thoracic spine at that time.

On 05/17/06, this employee had MRI of the lumbar spine. This showed a right paracentral herniation at L3-4 and large extruded left paracentral herniation at L4-5. These caused significant deformity of the spinal canal with relative stenosis at L3-4 and absolute anatomic stenosis at L4-5 and significant foraminal compromise.

On 05/30/06, this employee had an examination. At that time, the employee stated that she had left lower extremity pain. Areas of hypoesthesia were noted within the dermatomal areas corresponding to the nerve root levels of L4, L5, and S1 on the left. Straight leg raise was positive on the left producing moderate pain at 65 degrees with increased pain in the low back and the left lower extremity. Stress test was positive in the left producing moderate to severe pain with increased in the low back and in the left lower extremity. There was tenderness to the lumbar region. Lumbar range of motion was decreased. There were muscle spasms noted. Deep tendon reflexes were all 2+.

On 06/13/06, this employee had electrodiagnostic studies. There was evidence suggestive of a lumbar radiculopathy affecting the left L5 and S1 nerve roots. There was no evidence of focal compression neuropathy of the lower extremity, peripheral neuropathy, or myopathy.

On 06/27/07, this employee underwent psychological evaluation. This examination stated the employee understood the possible outcomes of surgery, and she was prepared to undergo lumbar surgery at that time.

On 11/30/07, this employee underwent electrodiagnostic studies. There was indication of acute radiculopathy in the left L4 and bilateral L5 and S1 motor groups with the left side showing greater power reduction and the L5 showing the most decrease, though no active denervation was encountered.

On 01/15/08, this employee returned to clinic. At that time, she continued to complain of low back and left lower extremity pain. The left straight leg elevation and flexion of the knees over thighs caused pain on the lower thoracic and lumbar spine. This radiated posteriorly down the left thigh clear to the toes. Reflexes were present in all limbs. Range of motion was normal in all limbs. It was determined at that time that a 20 session chronic pain management program was medically necessary for this employee.

On 01/17/11, this employee was taken to surgery for low back pain, lumbosacral radiculitis, and herniated nucleus pulposus for a procedure named bilateral L4-5 transforaminal epidural steroid injection.

On 03/22/11, this employee returned to clinic. At that time, it was noted she had a lumbar steroid injection on 01/17/11. Left straight leg elevation and flexion of the knees over thighs elicited pain in the lower thoracic and lumbar spine radiating posteriorly down the left thigh to the ankle. Plan was to continue medications in the form of Lexapro, tramadol, Fioricet, Lidoderm Patch, Citrucel, and Soma.

On 10/18/11, this employee was seen back in clinic. At that time, she continued to complain of low back pain and left lower extremity pain. On examination, digital percussion evoked pain from T10 to L5. Right and left straight leg raise produced lower thoracic and lumbar spine pain radiating posteriorly down the left thigh to the ankle.

On 11/22/11, this employee returned to clinic. At that time, symptoms basically remained unchanged. Overall impression was lower thoracic and lumbar strain with pain radiating to the thigh and herniated disc at L4-5 as seen on the MRI. The employee was continued on medications in the form of Lidoderm Patch 5% every 12 hours, Soma Compound 60 one p.o. twice a day, Tramadol 50 mg 1 p.o. twice a day, Citrucel tablets 1 twice a day, Biofreeze 300 g as needed for local use, Fiorinal tablets 1 twice a day, and Xanax 2 mg tablets 1 twice a day.

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

On 12/02/11, a utilization review determination was submitted for this employee. It determined that the proposed surgery in the form of lumbar laminectomy, discectomy, arthrodesis with cages, posterior instrumentation, implantable bone growth stimulator at L4, L5, and S1 levels with a 2-day in-patient stay was non-certified. It was determined that based on the review of the medical records, the MRI scan available to examine was over five years old and showed pathology in the L3 and L4 levels with no mention of any abnormality at the L5 level at the requested fusion level. There was no documentation of a standing functional spinal unit collapse. There only appeared to be documentation of a disc space narrowing, which was not indicative of spinal instability. Therefore, it was determined this employee did not meet Official Disability Guidelines for the proposed procedure.

On 12/12/11, an appeal decision was submitted. This indicated that the note from 11/08/11 noted that the injured worker had a change in symptoms and findings from left to right. Her complaints were bilateral, and the physical findings were on the right in 2011 and in a clinic note dated 06/09/2009, had those exact findings as to 2011, but on the left side. It was noted there were actually no new clinical notes since the denial of

12/02/11 other than a reiteration of the requested codes listed as an appeal. As there was no new information on which to base reconsideration, the decision was upheld. The medical necessity of the requested procedure was not established. Therefore it is my opinion that the requested services would not be reasonable or medically necessary.

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

1. Official Disability Guidelines