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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/10/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpt lumbar Revision L4-5, LOS x 1 day

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

M.D., Board Certified Orthopedic Surgery, 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that medical necessity is not established for the proposed Inpt lumbar Revision L4-5, LOS x 1 day

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review findings 05/14/12

Utilization review findings 06/11/12

MRI lumbar spine 10/14/09, 03/29/11 and 03/08/12

CT lumbar spine 04/09/10 and 04/05/12

Designated doctor's evaluation Dr. 07/08/10

Office visit notes 06/30/11-05/18/12

Consultation and follow-up Dr. 03/20/12 and 04/10/12

Behavioral medicine evaluation Dr. 05/07/12

Procedure note epidural steroid injection (undated)

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female nurse who was injured on xx/xx/xx when she fell on a wet floor. She complained of low back pain with radiating leg pain. After failing a course of conservative treatment including physical therapy, medications, and epidural steroid injections, she underwent surgery on 04/21/09 with anterior / posterior lumbar fusion at L4-5. A designated doctor's evaluation by Dr. on 07/08/10 determined that she reached maximum medical improvement as of that date with 11% whole person impairment. The claimant was seen in consultation by Dr. on 03/20/12. She stated that before surgery she had severe back and right leg pain. Surgery has helped for about 2 years, but in the last 6-8 months the claimant has had gradually increasing severe sciatica in right leg similar to what she had before surgery. She also reported some pain in left buttock area, but denies otherwise left leg pain. The claimant notes permanent numbness in front of left thigh following surgery. Physical examination showed overall normal alignment of the back. There was a right paramidline incision consistent with prior surgery. She also has left flank incision just above iliac crest

consistent with DLIF approach on left side. She had smooth range of motion of back. Lower extremities showed she can bear full weight, heel and toe walk. She has negative nerve tension. There is normal reflex, motor, sensory and circulatory exam with exception of some mild atrophy of right calf and diminished sensation in anterior left thigh. There was also subtle weakness in right EHL and ankle dorsiflexion compared to left most consistent with L5 radicular pattern. There is no spasticity, clonus or long tract signs. MRI of lumbar spine from 03/08/12 was reviewed and noted to show post-surgical changes at L4-5 confirmed by x-rays. There was no clear evidence of stenosis at adjacent levels.

Pedicle screws appear to be appropriately positioned on right at L4 and L5. The claimant was referred for CT scan of lumbar spine, which was performed on 04/05/12. CT scan reported post-surgical changes at L4-5 with mild right posterolateral vertebral body spurring and mild right foraminal narrowing. Moderate facet arthropathy was also noted at this level. Mild multilevel degenerative disease was also noted. On 04/10/12, Dr. reviewed CT scan which demonstrates postsurgical changes consistent with previous left sided DLIF at L4-5. There is staple in soft tissues on left side of spine that does not appear to encroach on any vital structures. The interbody fusion cage appears to be well positioned, but Dr. noted evidence of subsidence into lower endplate of L4 and upper endplate of L5, and he did not see convincing fusion inside or around the cage. Dr. noted there is still a discrete loosened jagged lines throughout mid disc space all the way through indicating pseudoarthrosis. Dr. noted no evidence of posterior fusion either. He noted there are pedicle screws present on right side accurately positioned at L4 and L5 and no left sided pedicle screws exist. Revision of L4-5 fusion was recommended. A behavioral medicine evaluation was performed on 05/07/12 and determined that the claimant was cleared for surgery with good psychosocial prognosis for pain reduction and functional improvement.

A request for inpatient lumbar revision L4-5, LOS times one day was denied on utilization review dated 05/14/12 noting that the request was for pseudoarthrosis of the L4-5 fusion, but CT scan provided fails to show evidence or discuss a pseudoarthrosis. There also was lack of documentation of significant current conservative care, and clinical exams showed no progressive neurologic deficit and no long track signs. An appeal request for inpatient lumbar revision L4-5 with LOS times one day was denied on utilization review dated 06/11/12 noting that clinical exam shows no progressive neurologic deficit and no long track signs seen; no documentation indicating significant current conservative care; no indication she has undergone significant interventional injections; and CT scan provided fails to show evidence or discuss a pseudoarthrosis.

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

This claimant sustained an injury when she fell on a wet floor injuring her low back. She failed to respond to conservative care and underwent L4-5 lumbar fusion on 04/21/09. She apparently did well following surgery, but subsequently developed recurrent sciatica in the right leg similar to what she had prior to surgery. Most recent examination revealed no evidence of progressive neurologic deficit. The claimant has undergone imaging studies including MRI of the lumbar spine on 03/08/12 and CT scan on 04/05/12. There is no evidence of hardware failure or pseudoarthrosis documented on radiology reports. There also is no documentation that the claimant has undergone any recent conservative care for the lumbar spine. Per Official Disability Guidelines, revision surgery for failed previous operations may be indicated if significant functional gains are anticipated. However, revision surgery for the purpose of pain relief must be approached with extreme caution due to a less than 50% success rate reported in the medical literature. The criteria for revision surgery has not been followed, and therefore, the reviewer finds that medical necessity is not established at this time for Inpt lumbar Revision L4-5, LOS x 1 day.

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)