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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/02/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4-5 TLIF 22633 63056 22842 22851 20930 20936

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

M.D., Board Certified Neurosurgery

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 does not exist for L4-5 TLIF 22633 63056 22842 22851 20930 20936.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Request for IRO dated 06/08/12

Utilization review determination 05/07/12 and 06/04/12

MRI lumbar spine dated 10/08/10

MRI thoracic spine dated 01/20/12

Clinical records Dr. dated 03/12/12, 03/14/12

MRI lumbar spine 10/08/10, 01/20/12, 03/12/12,

Partial psychological evaluation dated 04/16/12

MRI Right Hip dated 09/20/10

Radiographic Report Right Hip dated 12/22/11, 01/25/12

MRI Right Thigh dated 01/25/12

Radiographic Report Lumbar spine dated 12/22/11, 03/12/12

EMG/NCV Study dated 01/30/12

Clinical Records Dr. dated 02/06/11, 12/12/11

Impairment Rating dated 06/20/12

PATIENT CLINICAL HISTORY [SUMMARY]

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. Per the submitted clinical records the claimant is reported to have fallen from an attic. Within 48 hours he developed severe low back pain and has gotten progressively worse since then. The record includes MRI of lumbar spine performed on 10/08/10. This study notes moderate degree of central canal stenosis at L4-5, minimal anterolisthesis at L4 on L5. At L4-5 there are biforaminal disc protrusions resulting in abutments of exiting right and left L4 nerve roots. There is a broad 2 mm disc projection and abutment of descending L5 nerve roots bilaterally. At L5-S1 there was a 3 mm left foraminal disc protrusion with abutment of the exiting left L5 nerve root. A repeat MRI of lumbar spine was performed on 01/20/12. The MRI of lumbar

spine notes mild scoliosis. There are endplate degenerative changes seen in anterior lumbar spine. There is a minimal degenerative spondylolisthesis of L1 on L2 and L2 on L3. There is narrowing at intervertebral disc space most prominent at L2-3. There are endplate irregularities seen at multiple levels of lumbar spine. Specifically at L4-5 there are hypertrophic changes, degenerative disc disease and degenerative endplate changes. There is a bulging disc. There is facet joint hypertrophy of ligamentum flavum. Spinal stenosis is seen. There is mild to moderate foraminal stenosis bilaterally slightly more prominent on right. There are similar findings at L5-S1 level.

On 03/12/12 the claimant was seen by Dr. The claimant reported extensive deconditioning of both legs since the accident. He has pain, which radiates from low back into bilateral feet. He utilizes rolling walker for ambulation. Low back pain is 60% and leg pain is 40%. Current medications include Meloxicam and Hydrocodone Acetaminophen. Radiograph results are noted. On physical examination the claimant is 71 inches tall and weighs 210 lbs. He is noted to ambulate slowly. He transfers slowly. He has visible evidence of pain. Sensory is decreased in right and left S1 distributions. Motor strength is 4/5 in lower extremity. Reflexes are 2/4 and symmetric. The claimant has acquired spondylolisthesis at L4-5. He is to be referred for flexion / extension views and seen in follow-up.

On 03/12/12 the claimant was referred for lumbar flexion radiographs. This study notes mild narrowing of the L1-2 disc space and moderate narrowing of the L2-3 disc space. There is mild narrowing present at L3-4 and L4-5. There is chronic mild anterior wedging of T12-L1 and posterior spurs are present at L2-3. At L4-5 and L5-S1 mild facet arthritis is seen. There is a mild vacuum degenerative disc at L5-S1. There is very slight retro subluxation of L1 on L2, which is stable in flexion extension views. There is very slight retro subluxation of L2 on L3, which is likewise stable. There is anterior subluxation of L4 and L5 measuring 5-6mm in a stable on flexion and extension views.

The claimant was seen by Dr. on 03/14/12. Imaging studies were reviewed. Dr. recommends an L4-5 decompression with instrumented interbody fusion. He was referred for psychological evaluation on 04/16/12. This is a partial report but indicates that the claimant was psychologically stable and he was found to be a suitable candidate by Dr.

The initial review was performed on 05/07/12. The reviewer denied the request noting that the claimant has a 5-6mm anterolisthesis of L4-5 with a disc protrusion and stenosis. The clinical notes that were provided were undated and it is not clear as to the claimant's current status. The psychological note submitted for review did not contain objective test scores to confirm the claimant as psychologically stable. The reviewer notes that there was no movement on flexion or extension radiographs. An appeal request was reviewed on 06/04/12. At this time the reviewer wrote that the psychological evaluation does not establish that the claimant is psychologically stable, and that there is no movement on flexion extension views at the L4-5 level.

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

This claimant is a male who is reported to have fallen through a ceiling and sustained injuries to his low back. The submitted MRI indicates that the claimant has evidence of stenosis at the L4-5 level with multilevel degenerative changes throughout the spine. The record provides absolutely no data establishing that the claimant has failed a reasonable course of conservative care. There is no data indicating that the claimant has been referred for physical therapy or if/when he ever underwent lumbar epidural steroid injections. The most recent imaging studies note evidence of pathology that is potentially amenable to decompression. However, the lumbar flexion and extension radiographs showed no evidence of dynamic instability at any level and therefore the request would not be supported under ODG. Further, the psychological evaluation contains a letter reporting that the claimant has no serious psychopathology, which would adversely affect his candidacy for surgery. However, the entire report is clearly necessary to evaluate the tests provided to the claimant, as well as Beck depression inventory and Beck anxiety inventory scores. Therefore, noting that there is no documentation establishing the failure of an appropriate conservative

treatment plan, no evidence of instability, and inadequate psychological records, the ODG criteria has not been satisfied. It is the opinion of the reviewer that medical necessity does not exist for L4-5 TLIF 22633 63056 22842 22851 20930 20936.

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)