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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/08/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar spine, laminectomy, discectomy, interbody fusion at L4-5, L5-S1, with pedicle screw fixation L4 to S1, 3 day length of stay

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

M.D., Board Certified Neurological Surgeon

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

ODG - Official Disability Guidelines & Treatment Guidelines

Radiographic report lumbar spine four views dated 08/19/10

Progress notes Oscar Lightner dated 08/23/10-01/16/12

MRI lumbar spine without contrast dated 10/14/10

Radiographic report 8 view lumbar spine to include flexion/extension dated 04/21/11

Orthopedic follow-up report Dr. dated 05/27/11-07/2011

Electrodiagnostic studies 06/10/11

Complete evaluation/psychiatrist consult M.D., MPH dated 10/11/11

Worker's compensation medical reports Dr. dated 01/26/12-03/05/12

Radiographic report lumbar 4 views dated 01/26/12

MRI lumbar spine without contrast addendum dated 02/01/12

MRI of lumbosacral spine second opinion interpretation 04/02/12

Preauthorization request for surgery dated 04/16/12

Peer review dated 04/19/12

Utilization review determination dated 04/19/12

Liberty Mutual letter dated 04/25/12

Peer review dated 04/27/12

Utilization review determination dated 04/27/12

Letter dated 05/25/12

PATIENT CLINICAL HISTORY [SUMMARY]

The claimant is a male whose date of injury is xx/xx/xx. The claimant is noted to complain of low back pain radiating to lower extremities. He was treated conservatively with physical therapy and medications. MRI of lumbar spine performed 10/14/10 revealed spinal canal stenosis at L4-5 and L5-S1 by hypertrophic changes of posterior facet joints and broad based

bulging discs which compromise the neural foramina on both sides. Lumbar spine x-rays with flexion / extension views on 04/21/11 reported anterior subluxation of L4 in relation to L5 of 7-8 mm secondary to facet arthropathy. Mild degenerative disc disease also was noted at this level. At L5-S1 there is mild to moderate degenerative disc disease with moderate facet arthropathy. The claimant was seen by Dr. on 01/26/12 with chief complaint of low back pain with pain radiating into right leg. Dr. notes x-rays show anterolisthesis of 7 mm so he has instability. He has visible pars defect at L4-5. He has 3-4 mm of anterolisthesis of L5-S1, but this is not indicated on reports. There is facet arthrosis at both levels. On MRI the disc at L5-S1 does not look too bad, but he has a little narrowing of the canal. There is much more marked narrowing at L4-5 level, with facet arthrosis and tropism at both levels. EMG/NCV was noted as positive at L4-5 for left radiculopathy, but the patient's symptoms are on the right.

Radiographs of lumbar spine on 01/26/12 reported grade I anterolisthesis, which increases slightly with flexion. Addendum report to original MRI of 02/01/12 noted radiologist saw no pars defect. If suspicion is high for spondylolysis consider further evaluation by SPECT scan or CT. Second opinion MRI report dated 04/02/12 indicated anterior subluxation of L4 upon L5 by approximately 2-3mm partially decompressing the spinal canal associated with a 2mm broad based disc bulge which effaces the ventral epidural fat and minimally contacts the ventral dura contributing to contact upon the exiting L4 nerve root on the left. Mild central stenosis and left foraminal stenosis is seen at this level. At L5-S1 there is a 1mm broad based disc protrusion partially effacing the ventral epidural fat minimally narrowing the neural foramina bilaterally. There is a congenitally shortened pedicles contributing to mild central spinal canal stenosis at this level.

A pre-authorization request for lumbar spine laminectomy, discectomy, interbody fusion at L4-5 and L5-S1 with pedicle screw fixation L4-S1 and three day length of stay was reviewed on 04/19/12 and adverse determination recommended. The case was discussed the reviewer discussed the case with Dr. It was noted that the claimant has undergone physical therapy and injections, but no pre-operative psychological evaluation has been completed.

An appeal request for lumbar laminectomy discectomy interbody fusion at L4-5, L5-S1 with pedicle screw fixation L4-S1 and three-day length of stay was reviewed on 04/27/12 and adverse determination again was recommended. Reviewer noted that based on Official Disability Guidelines, patient may be a candidate for lumbar fusion if they have subluxation, instability or fracture. This claimant does have spondylolisthesis at L4-5. Flexion extension x-rays document 5.5mm spondylolisthesis at L4-5. Claimant may be a candidate for fusion at this level. There's some left foraminal narrowing at L5-S1, but according to Dr. the symptoms are more in the right. Therefore there are no radiographic lesions at L5-S1 that are significant to warrant surgery at this level. For these reasons the proposed surgical procedure and inpatient hospital stay is not indicated as medically necessary.

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

The claimant sustained an injury to low back on xx/xx/xx. He was treated conservatively with physical therapy, medications and injections, but remained symptomatic. The records indicate there is evidence of instability at L4-5 level. However, there is no indication for surgical intervention at the L5-S1 level with no evidence of instability. Moreover, it is noted electrodiagnostic testing was positive for left sided radiculopathy, but the claimant's symptoms are right sided. Also, no presurgical psychological evaluation has been documented clearing the claimant for surgical intervention as per the evidence-based guidelines. The reviewer finds there is no medical necessity for Lumbar spine, laminectomy, discectomy, interbody fusion at L4-5, L5-S1, with pedicle screw fixation L4 to S1, 3 day length of stay. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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)