

SENT VIA EMAIL OR FAX ON  
May/25/2012

## **P-IRO Inc.**

An Independent Review Organization  
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### **NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE OF REVIEW:**

May/24/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

L5/S1 Laminectomy, Posterior Lumbar Interbody Fusion, Posterolateral Arthrodesis and Pedicle Screw Fixation with 3-4 Day Inpatient Stay

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

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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Request for IRO 05/07/12

Utilization review determination 03/06/12

Utilization review determination 03/20/12

Designated doctor evaluation 01/03/11

DWC form 69 01/03/11

Notice of independent review decision case #35293 07/04/11

Clinical note Dr. 09/19/11

Designated doctor evaluation 12/29/11

MRI lumbar spine 02/06/12

Clinical note Dr. 02/23/12

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. The claimant is reported to have developed low back pain as a result of bending over and cutting a water main. He developed low back pain with radiation to the lower extremities. MRI of the lumbar spine dated 08/27/10 is reported to show bilateral L5 spondylolysis with grade 2 L5-S1 spondylolisthesis and associated bilateral neural foraminal stenosis with shallow disc protrusions at L2-3, L3-4, and L4-5. The claimant subsequently came under the care of Dr. and later was seen by Dr. who reported no frank evidence of radiculopathy. He is reported to have undergone facet blocks at L4-5 and L5-S1 which only resulted in temporary relief. CT scan of the lumbar spine dated 10/18/10 notes spondyloarthritic changes throughout the lumbar spine with diffuse disc bulging at T11 through L1, a small left paracentral disc protrusion at L2-3, and bilateral spondylolysis at the level of L5 with grade 2 spondylolisthesis. The claimant was subsequently recommended to undergo a single level fusion. The designated doctor notes that the claimant has failed conservative management but continues to have significant levels of pain. He agrees that the mechanism of injury resulted in aggravation of the pre-existing spondylolisthesis. He recommends further evaluation.

The record contains a notice or contains an independent review decision dated 07/04/11. The items in dispute included an L5-S1 laminectomy, posterior lumbar interbody fusion, posterolateral arthrodesis with pedicle screw fixation and three to four day inpatient stay. The reviewer subsequently upholds the previous non-certification. He notes that although the claimant has a grade 2 spondylolisthesis there is no data to establish that this is unstable. The record did not include any flexion or extension radiographs. The evaluator notes that the claimant has not undergone a pre-operative psychiatric evaluation as required.

The record includes a designated doctor evaluation dated 12/29/11. This note indicates that on 09/02/11 the claimant underwent a psychological evaluation that cleared him for surgery. On physical examination he is noted to have decreased lumbar lordosis. There is palpable step off deformity noted about the level of L5-S1. There was quite a significant step off with both L5 processes deeper to lower area. He is able to walk on toes and heels without difficulty. He is noted to have some decreased sensation noted on soles of his feet. There is decreased pinprick sensation noted in penis, scrotum and perianal. Knee and ankle jerks were 2+/4 and symmetric. Designated doctor notes the claimant has grade II spondylolisthesis at L5-S1 with associated neural foraminal stenosis, lumbar radicular syndrome, and frontal mechanical low back pain. He further notes the claimant has neurologic symptoms to sacral area. Given the magnitude of spondylolisthesis, which would imply significant instability, surgery would be deemed appropriate treatment. Record includes MRI of the lumbar spine dated 02/06/12. This study notes bilateral pars defect at level of L5 with grade II spondylolisthesis of L5 on S1 with moderate bilateral neural foraminal narrowing. At L3-4 there is small central disc protrusion without significant deformity. There is mild facet arthropathy. At L5-S1 there is moderate bilateral neural foraminal narrowing without central spinal canal stenosis. There is moderate facet joint arthropathy and bilateral pars defects. The claimant was seen in follow-up by Dr. on 02/23/12. He continues to have permanently axial back pain with increasing lower extremity complaints consistent with radiculopathy. He is without signs of myelopathy. He noted he has not been improved with conservative treatment and subsequently requested to perform surgery.

The initial review was performed by Dr. on 03/06/12. Dr. I non-certified the request noting that the L5-S1 spondylolisthesis was preexisting and there are variable findings for radicular syndrome. He notes previous IRO which proposed there was no medical necessity for effusion procedure.

The subsequent appeal request was reviewed by Dr. on 03/20/12. Dr. non-certified the appeal request. He notes no additional information has been provided for review, and subsequently the request remains non-certified.

## **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS**

## **AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The request for L5-S1 laminectomy, posterior lumbar interbody fusion, posterolateral arthrodesis, and pedicle screw instrumentation with 3-4 day inpatient stay is medically necessary and prior utilization review determinations are overturned. The submitted clinical records indicate the claimant has undergone exhaustive conservative treatment. He has undergone imaging studies which indicate the presence of grade II spondylolisthesis of L5 on S1. The presence of grade II spondylolisthesis clearly indicates instability at the level and further bolstered by the fact there are bilateral pars intraarticular defects which will allow for slippage. Germane to the entire discussion is the recent findings by independent neurosurgeon who as designated doctor indicates the claimant has sensory abnormalities in the penis, perianal area, and scrotum, thus indicating involvement of sacrum. There is sufficient clinical information present to establish the claimant has failed appropriate care. There is also evidence of progressive neurologic deficit and is unstable. As such, criteria for performance of surgery have been met. Therefore, the request is opined to be medically necessary.

## **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)