SENT VIA EMAIL OR FAX ON
June/1/2012

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
May/31/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
L3/4 Anterior Discectomy with Interbody Fusion; L2/3 and L3/4 Posterolateral Fusion with Decompression; 3 days Inpatient Hospital Stay

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

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female who is reported to have sustained work related injuries on xx/xx/xx. On the date of injury she is reported to have xxxxxxx when she felt something pop in middle of lumbar spine. She had pain radiating from neck to low back into both legs and right shoulder. She subsequently came under the care of Dr. D.C. She underwent therapy program and had x-rays. The claimant was later referred to Dr. on 01/24/02. She is noted to have intact motor strength with diminished sensation throughout the right lower extremity. MRI of thoracic spine was within normal limits. MRI of cervical spine revealed disc herniations at C4-5 and C5-6 with cord compression. MRI of lumbar spine noted herniated disc at L3-4 and L4-5. The claimant was recommended to undergo cervical / lumbar epidural steroid injections and provided subacromial injection. The claimant was later seen by Dr. on 02/15/02 and placed at MMI. The claimant apparently moved to xx and came under the care of Dr. who provided pain management. A peer review was performed by Dr. on 08/31/11. Dr. opines no further medical or surgical treatment would be reasonable or medically necessary in related to work injury in question. He reported she demonstrated ability to return

to unrestricted work in her job as xx. She is reported to be xxxx years postoperative low back surgery and xxxxx years postoperative neck surgery. On 02/16/12 the claimant returned to Dr.. It is reported Dr. did lumbar fusion on 02/20/03 and she had ACDF on 07/18/07 by Dr.. She is noted to be living with family in xx but since moved back to xx. On physical examination she has tenderness over L3-4 with palpable spasms and decreased range of motion. Lower extremity motor strength and sensation were intact. Reflexes were symmetric. She has well healed cervical incision. She has increased pain with axial compression. Radiographs of lumbar spine show grade I anterolisthesis of L3 and l4. Cervical x-rays reveal fusion from C4-6. She is subsequently referred for updated imaging studies including MRI of lumbar spine. This study notes disc desiccation and narrowing with broad circumferential disc bulge and bilateral facet ligamentum hypertrophy at L2-3. There is moderate to severe spinal stenosis with crowding of the nerve roots and mild bilateral foraminal narrowing. At L3-4 there is disc desiccation and mild disc space narrowing with a mild broad based disc protrusion and mild bilateral facet hypertrophy. There is mild narrowing of the central spinal canal without significant crowding of the nerve roots. There is encroachment of the bilateral lateral recess and the foramina are moderately narrowed. At L4-5 there is disc desiccation without significant narrowing or disc bulge. There is mild bilateral facet ligamentum flavum hypertrophy. The canal and foramina are adequate. The L5-S1 level is reported to be normal. MRI of the cervical spine was performed at this same time which notes anterior fusion from C3 through C6 with degenerative facet changes and mild to moderate foraminal narrowing from C3 between C3 and C6.

On 02/28/12 the claimant was seen in follow-up by Dr. . The claimant is reported to have lumbar pain with associated stiffness. She reports bilateral lower extremity pain and difficulty getting up from the sitting position. She has previously been treated with work hardening and physical therapy and had epidural steroid injection but had an adverse reaction to it. Dr. reports that radiographs performed in his office show spondylolisthesis with translation at L3-4 with approximately 5mm of translation between flexion and extension views. He subsequently recommends a lumbar discectomy and fusion using posterior approach and a lumbar laminectomy and foraminotomy at L2-3 to address the stenosis there. The record contains a peer review from Dr. dated 04/27/12 in which Dr. opines that the current treatment does not appear to be reasonably required and that further treatment should consist of over the counter analgesics and a self directed home exercise program.

The initial surgical request was reviewed by Dr. on 05/02/12 who notes an MRI dated 03/09/12 does not show any spondylolisthesis at L3-4, but does show spinal stenosis at L2-3. He notes there is a history of prior L3-4 surgery. He notes that the claimant's tobacco use and psychological assessments are not discussed and therefore non-certified the request.

The appeal request was reviewed on 05/14/12 by Dr. who non-certified the request and notes that no additional medical records were provided for review that would result in overturning the prior denial. He notes that a psychological screening was not completed and that the claimant has not been identified as being smoke free. There is no radiologist report confirming instability.

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

The request for L3-4 anterior discectomy with interbody fusion, L2-3 and L3-4 posterolateral fusion with decompression and three day inpatient stay is not supported by the submitted clinical information and the prior utilization review determinations are upheld. The submitted clinical records indicate that the claimant sustained an injury to the low back and later underwent ACDF on 07/18/07 and she underwent lumbar surgery on 02/20/03. The claimant is noted to have received conservative management in the past consisting of oral medications and physical therapy. She received at least one epidural steroid injection but was reported to have an allergic reaction. Most recent imaging studies dated 03/09/12 note

that there is evidence of moderate to severe spinal stenosis at L2-3. At L3-4 there is disc desiccation and mild disc space narrowing with degenerative changes without evidence of instability or neural compression. It is noted that Dr. finds that there were 5mm of instability on flexion extension views performed intraoffice. However, there is no independent radiologist report and noting that the MRI does not identify a spondylolisthesis there is no supported evidence of instability. Further, it is noted that the claimant has a history of smoking and she has not undergone a pre-operative psychiatric evaluation as mandated under the Official Disability Guidelines. Therefore, based on the submitted clinical records, the claimant does not meet criteria per the Official Disability Guidelines and therefore the medical necessity for a fusion procedure has not been established.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)