

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: March 9, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transforaminal Lumbar Interbody Fusion at L5-S1, Lumbar Spine Fusion, Lumbar Decompression at L5-S1, Insert Spine Fixation Device, Apply Spine Prosthetic Device, Bone Marrow Aspiration, Graft Repair of Spine Defect, Needle Localization by X-Ray and Inpatient Hospitalization: 2 Days. CPT Codes: 22612, 22630, 63056, 22840, 22851, 38220, 63710, 77002 and 99221.

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

AMERICAN BOARD OF ORTHOPAEDIC SURGEONS

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

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- AR-CMI, 02/23/12, 06/25/10
- Novare, no date, 12/23/11, 01/10/12
- Employer's First Report of Injury or Illness, 04/02/10
- Associate Statement-Workers Compensation, 04/09/10
- Authorization for Release of Medical Records and Reports, 04/08/10
- 04/09/10, 04/27/10, 04/28/10, 04/29/10, 04/30/10, 05/03/10, 05/05/10, 05/06/10, 05/07/10, 05/10/10, 05/11/10, 05/14/10, 05/19/10, 06/02/10, 06/14/10, 09/03/10, 12/13/10, 12/30/10, 01/17/11, 01/26/11, 02/02/11, 02/03/11, 02/14/11, 02/17/11, 02/19/11, 02/21/11, 02/25/11, 02/26/11, 02/28/11, 03/01/11, 03/04/11, 03/07/11, 03/08/11, 03/11/11, 03/14/11, 04/01/11, 05/02/11, 05/25/11, 06/06/11, 06/13/11, 07/08/11, 07/21/11, 08/03/11, 09/02/11, 09/26/11, 12/02/11, 12/16/11, 01/04/12, 01/16/12, 02/06/12

- Texas Workers' Compensation Work Status Report, 04/09/10, 04/16/10, 06/02/10, 06/14/10, 06/30/10, 07/07/10, 09/03/10, 02/25/11, 04/01/11, 05/25/11, 07/21/11, 09/26/11, 12/02/11, 01/16/12
- 04/12/10
- 05/06/10
- 05/07/10
- 06/03/10
- , 07/13/10, 11/24/10, 01/28/11
- 07/16/10, 12/01/10, 05/31/11
- 08/13/10, 09/10/10, 10/22/10, 12/17/10, 01/07/11, 01/28/11, 03/16/11, 03/18/11, 10/28/11, 01/03/12
- MRI, 09/08/10, 07/21/11, 09/16/11, 10/28/11
- 12/01/10
- 12/30/10, 12/13/11
- 06/13/11, 06/20/11
- 11/02/11
- 11/02/11, 12/12/11
- 11/03/11

Medical records from the Provider include:

- 04/12/10, 12/30/10, 12/13/11
- 06/03/10
- 08/13/10, 09/10/10, 10/22/10, 12/17/10, 01/07/11, 01/28/11, 03/18/11, 10/28/11
- 09/08/10
- 12/01/10
- 01/17/11, 02/03/11, 02/17/11, 03/08/11, 03/11/11, 07/19/11
- 11/03/11

PATIENT CLINICAL HISTORY:

The patient is now a male who sustained an injury to his lower back on April 2, 2010, while he was an employee for Walmart in Tyler, Texas.

Subsequent to this, the patient was worked up and found to have a herniated nucleus pulposus on the left at L5-S1. The patient underwent a microdiscectomy and since that time, he has had continued symptoms.

The patient's symptoms presently include continued left-sided radiculopathy in the S1 nerve root distribution. The patient has finished a course of physical therapy and epidural steroid injections. The patient has continued to take oral narcotic pain medications. The patient uses an assistive device, a cane. The patient has undergone an exhaustive course of physical therapy with a continued home exercise program. In spite of this, the patient continues to have symptoms. The patient's treating surgeon is requesting a decompressive laminectomy on the left at L5-S1 with instrumentation and fusion.

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

After a review of the records provided for me, I have overturned the recommendation to deny certification for the surgery. The patient had been working for Walmart for 14 years and had no prior injury. He was happy with his job. He has undergone psychological testing that demonstrated there were no overlying psychological problems or secondary gain. The patient had an initial course of conservative treatment, which did not help, and he subsequently underwent surgery. Subsequent to his previous surgery, the patient has continued to have pain, most secondary to fibrosis of the S1 nerve root at the L5-S1 level. In spite of all treatment given to him thus far, including epidural steroid injections, oral pain medications (both narcotic and non-narcotic), and exhaustive physical therapy, the patient continues to have persistent documented findings of a compressed or entrapped nerve root. The operating surgeon, who performed a microdiscectomy, has recommended a full, open decompression of the S1 nerve root. In doing so, it will be necessary to completely excise the facet, and thus, render the L5-S1 level as unstable. He has recommended a posterior transforaminal interbody fusion with instrumentation. This is one of many surgical techniques which can be used to stabilize the disc level. The other option would be a lateral gutter fusion without instrumentation, posterior transforaminal interbody fusion or anterior interbody fusion, or a combination of both. The patient certainly has had a long course of conservative treatment with no relief of his symptoms. The recent EMG revealed a possible L5-S1 radiculopathy on the right side. The patient's symptoms at this time warrant further exploration. The patient is not on an inordinate amount of pain medication, but he describes his pain as being 7-8 at its worst. The patient has had adequate informed consent. The ODG Guidelines allow for re-exploration and fusion in specific cases. The patient has had more than six months of unsuccessful conservative treatment. The patient does demonstrate objective neurological findings of radiculopathy. It should be noted that the patient has undergone a psychological evaluation which is extremely important in the workmen's compensation patient population. It must be noted that this patient is having his surgery primarily for leg pain, not back pain. Again, there certainly is a possibility that the patient would be able to do some activities of daily living. However, in that the patient still has a job that is rated in the moderate-to-heavy work capacity, the fusion to stabilize that vertebral level would be indicated. There still remains the question whether instrumentation helps the fusion rates. This varies from literature to literature. It must be noted that the patient needs to be monitored quite carefully postoperatively because in the workmen's compensation patient population the leading cause of postoperative death is an opiate overdose. There should be careful monitoring of his narcotics instituted. However, the operating physician has exhausted all non-operative modalities in treating this patient with a failed lumbar laminectomy syndrome. His treatment plan has been thought out and he should be allowed to proceed with it.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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)