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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:Feb/24/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4, L5, and S1 Laminectomy, discectomy, fusion with instrumentation, and bone growth stimulator

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

M.D., Board Certified Orthopedic spine surgeon, practicing neurosurgeon

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

Official Disability Guidelines
Request for IRO dated 02/06/12
Utilization review determinations dated 01/25/12 and 02/03/12
Clinical records Dr. dated 12/06/11, 12/07/11
MRI lumbar spine dated 10/10/11
Presurgical consultation and behavioral assessment dated 05/17/11
Clinical records Dr. dated 10/17/11
EMG/NCV study dated 10/24/11
Radiographic report lumbar spine dated 02/07/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. It is reported that he was walking in detail area during workday. He reported detailers were degreasing rear of truck and area was covered with soap water and slimy degreaser. He is reported to have slipped on wet floor subsequently striking his knee on bumper. His back impacted rear corner of pickup bed and he subsequently fell to ground on top of metal plate. He has complaints of low back pain with radiation into lower extremities. Straight leg raise on left is reported to be positive at 35-40 degrees. Sensory is diminished in left foot corresponding to L5-S1 distribution. Motor examination is noted to be 5-/5. He is noted to have 4 mm subligamentous disc protrusion at L4-5 with similar findings at L5-S1. A request was placed for transforaminal epidural steroid injection. The claimant was referred for EMG/NCV on 10/24/11. This study reports the claimant has no evidence of left or right lumbar radiculopathies; however, he was found to have peripheral neuropathy consistent with history of diabetes. On 12/06/11 the claimant was seen by Dr. . He is noted to have antalgic

gait. He is reported to have adult onset diabetes with insulin dependence. He is reported to have failed some conservative treatment with low back pain for radiation in right lower extremity. He is reported to have participated in exercise program, medications, chiropractic care and epidural steroid injections. It is reported flexion and extension views reveal clinical instability at L4-5 and L5-S1. It is reported that the L4-5 standing lateral film reveals functional spinal unit collapse from 14-7 mm for change of 7 mm in anterior column associated with posterior column deficit, facet subluxation, and foraminal stenosis. The L5-S1 anterior column measures 5 mm for collapse of 9 mm and associated posterior column deficit. Dr. opines L4-5 and L5-S1 levels meet clinical instability for criteria for functional spinal unit collapse. On physical examination the claimant has positive spring test, anterior iliac crest line, positive sciatic notch test bilaterally worse on right, positive flip test, positive Lasegue's on right, positive Braggard's on right, hypoactive knee jerk on right, absent posterior tibial tendon jerk bilaterally, hypoactive ankle jerk on right, weakness of gastrocnemius and EHL and TA on right, paresthesias in L5-S1 nerve root distribution on right and S1 nerve root distribution on left. Dr. reviewed the claimant's MRI scan and reported there is non-contained disc herniation rated stage 3 with annular herniation, nuclear extrusion and disc desiccation. The claimant was referred for psychological evaluation on 01/04/12. He is noted to have moderate to severe depression and mild anxiety. The record contains independent lumbar flexion and extension radiographs performed on 02/07/12. It is reported the disc heights measured 8.7 mm at L1-2, 12.5 mm at L2-3, 9.3 mm at L3-4, 10 mm at L4-5, 5.7 mm at L5-S1. Flexion / extension views are reported to show 2 mm of retrolisthesis at L3-4 and extension and neutral alignment in flexion. At L4-5 there is 3 mm of anterolisthesis and flexion with neutral alignment in extension.

The initial review was performed on 01/25/12 by Dr.. Dr. notes a peer to peer occurred with Dr.. Dr. discussed with Dr. what he felt to be was spinal instability, and Dr. explained the claimant has functional spinal collapse with 7 mm of collapse at L4-5 level and 9 mm of collapse at L5-S1. He notes Official Disability Guidelines were discussed in terms of structural instability. He notes the claimant is diabetic with positive EMG for peripheral neuropathy and no evidence of radiculopathy. Further, Dr. notes MRI dated 10/10/11 describes no disc space narrowing at L4-5 and L5-S1 levels. Dr. reports having difficulty understanding if Dr. Earle could be describing significant disc space height loss when he reports standing x-ray films or MRI describes no disc space height loss. He therefore finds in light of the fact there is no clear documentation of true neurologic abnormality, the requested surgery is not medically necessary. The appeal review was performed on 02/03/12.

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

This man sustained an injury to his low back as a result of a slip and fall. He has been treated with oral medications physical therapy and was recommended to undergo epidural steroid injections. He is reported to have neurologic findings on examination, however EMG/NCV study indicates that the claimant has diffuse peripheral neuropathy, which is consistent with his history of insulin dependent diabetes. As such there is no clear indication of neurologic compromise. Additionally MRI of the lumbar spine notes that there are focal subligamentous disc protrusions above L4-5 and L5-S1 with moderate canal stenosis and mild bilateral foraminal narrowing. There is no discussion regarding loss of disc space height as reported by Dr.. It would further be noted that independent flexion extension radiographs performed on 02/07/12 showed no evidence or show minimal evidence of translation, which does not meet the AMA definition for clinical instability. Therefore, the reviewer finds there is not a medical necessity for L4, L5, and S1 Laminectomy, discectomy, fusion with instrumentation, and bone growth stimulator.

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)