

SENT VIA EMAIL OR FAX ON
Mar/21/2012

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/20/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L5/S1 mini 360 fusion with 3 day LOS

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 03/07/12

Utilization review determination 02/10/12

Utilization review determination 02/16/12

Clinical note 10/16/05

Clinical note 06/15/07

Clinical note 10/08/07-01/23/12

Radiographic report lumbar spine 10/08/07 and 03/02/10

Clinical note 10/06/09

EMG/NCV study 10/06/09

EMG/NCV study 03/18/10

MRI lumbar spine 03/18/10

Designated doctor evaluation 03/26/10

Psychological evaluation 08/12/10

Designated doctor evaluation 09/17/10

Clinical records 01/03/11-03/28/11

Procedure report sacroiliac joint injection 08/17/11

Report of lumbar discography 01/18/12

Clinical note 01/26/12

Radiology report 01/26/12

Psychiatric evaluation 03/06/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have sustained work related injuries on xx/xx/xx. She's reported to have developed low back pain as a result of lifting a gurney. The claimant has a diagnosis of a grade 1 lytic spondylolisthesis. Records indicate that the claimant was seen by who recommended performance of a lumbar interbody fusion at L4-5 and L5-S1. The claimant was later seen by on 06/15/07 who recommended spinal surgery. On 10/08/07 the claimant was seen by who notes the claimant's been seen by who recommended a posterior lumbar interbody fusion at L4-5 and L5-S1 he subsequently stopped taking workers' compensation cases she has complaints of low back pain radiating into the left leg. She's had physical therapy and is noted to have had epidural steroid injections without benefit which increased her sugars she's noted to be diabetic and on an insulin pump. MRI dated 08/16/06 is reported to show grade 1 anterior subluxation of L5 on S1 with bilateral L5 spondylolysis bilateral foraminal compression with broad based disc protrusion at this level. There's disc desiccation at L4-5 with increased signal in the posterior annulus. She was recommended to undergo L3-4 and L4-5 discography and to obtain a new MRI of the low back. The claimant was referred to on 10/06/09 and underwent EMG/NCV of the lower extremities. A review of this report notes no evidence of a left lower extremity as opined by. Testing of the spare paraspinous musculature was normal. The claimant was seen in follow-up by on 02/22/10. She is again recommended to undergo lumbar discography. An MRI was performed on 03/18/10 which notes bilateral spondylolisthesis with a grade 1 anterior spondylolisthesis present at L5-S1. A designated doctor evaluation was performed on 03/06/10. Extent of injury was determined to include spondylolisthesis at L5-S1 and radiculopathy bilaterally at S1 the claimant was referred for psychiatric evaluation in which she was recommended to participate in a work hardening program. The claimant was again seen by designated doctor on 09/17/10 and was opined not to have maximum medical improvement. The claimant was seen in follow-up by on 10/11/10. She's noted to have been approved for lumbar discography. On 01/03/11 the claimant came under the care of. She subsequently underwent a left sacroiliac joint injection on 08/17/11 with no improvement. This study was ultimately performed on 01/18/12 L3-4 was reported to be normal with no pain L4-5 was compromised with mild with moderate concordant pain. There was discussion regarding fusion versus artificial disc. On 01/26/12 the claimant was seen by. She is noted to have failed extensive conservative treatment. On physical examination she is 5'10" and 193 lbs. Sitting root test is negative. She has 5/5 motor strength in lower extremities. She is noted to have significant disc space collapse at L4-5 with severe collapse and grade I borderline spondylolisthesis at L5-S1. She is recommended to undergo hybrid type procedure with effusion at L5-S1 and arthroplasty at L4-5 level. The alternative option would be a 2 level lumbar fusion. The claimant underwent psychiatric evaluation on 03/06/12 and was cleared for surgery. The current request is for L5-S1 mini 360 fusion with 3 day LOS.

The initial review was performed on 02/10/12 by non-certified the request notifying ODG does not recommend lumbar fusion in absence of instability or spondylolisthesis. He noted there is no documentation of specific degree of spondylolisthesis or instability observed on flexion / extension films. It is noted on 01/26/12 surgery scheduling form that ProDisc L is requested. He notes ODG states artificial disc replacement is not recommended for lumbar spine and recent progress report and hybrid L5-S1 fusion with artificial disc replacement at L4-5.

The subsequent appeal request was performed on 02/16/12 by. He reported telephonic consultation occurred with. It was agreed the claimant's pain is coming from L4-5 and L5-S1 level with spondylolisthesis at L5-S1 and incompetent disc at level above with concordant pain by discogram. notes that given the pathology of concordance of pain at L4-5 level that extending fusion to L4-5 would most likely result in success for the claimant. It was recommended the claimant undergo psychological screening, and request for fusion was withdrawn. She will likely resubmit for L4-S1.

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

The request for 360 degree fusion at L5-S1 is not supported by the submitted clinical documentation, and the previous utilization review determinations are upheld. Per the submitted clinical record, the claimant has undergone 5 plus years of extensive conservative treatment without improvement. She is noted to have a grade I-II lytic spondylolisthesis at L5-S1. There is collapse of L5-S1 disc space. Records indicate that the claimant was originally proposed for hybrid procedure of fusion at L5-S1 with subsequent placement of ProDisc L at L4-5. Per surgery scheduling check list dated 01/26/12, this appears to be current surgical plan. The initial review non-certified the request as hybrid procedures are not supported under ODG and would be considered investigational in US as the ProDisc L has not been approved for hybrid procedures in US. Subsequent appeal request was reviewed by who conducted peer to peer with requestor and it was concluded both the L4-5 and L5-S1 levels were symptomatic and most appropriate surgical intervention would consist of L4-S1 fusion procedure. At the time of the appeal review the claimant had not undergone psychological evaluation which has since been completed and the claimant has been cleared however the request per the IRO is for 360 degree fusion at L5-S1. This would not address the pathology at the L4-5 level it is unclear if the requester was intending to perform hybrid procedure. If not, the performance of a 360 fusion at L5-S1 is not going to address the pathology at the L4-5 level. Therefore based upon the information provided the request cannot be certified as medically necessary as it does not appear as though it will adequately address the claimant's pathology and potentially expose her to reoperation.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES