

Prime 400 LLC

An Independent Review Organization
8760 A Research Blvd., #241
Austin, TX 78758
Phone: (530) 554-4970
Fax: (530) 687-9015
Email: manager@prime400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/24/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4/5 Posterior Lumbar Interbody Fusion (PLIF) with Decompression/Instrumentation and Inpatient Hospital Stay for 3-5 days

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 02/08/12
Utilization review determination dated 12/07/11
Utilization review determination dated 12/27/11
Operative report dated 04/06/11
Clinical records Dr. dated 06/02/11-11/17/11
Functional capacity evaluation dated 11/07/11
MRI lumbar spine dated 12/20/05
MRI lumbar spine dated 10/07/09
MRI lumbar spine dated 09/13/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained injuries to his low back as result of work related activity while loading his truck. He developed right-sided low back pain radiating into his right lower extremity. He has history of surgery with surgical procedure performed on 04/06/11. He underwent a right L4-5 hemilaminectomy with decompression of L4 and L5 nerve roots. Postoperatively the claimant was referred to physical therapy. He is noted to have no significant improvement. On 09/22/11 he is noted to have developed numbness in lower extremities; however, on examination he has no abnormal findings. MRI of lumbar spine showed disc desiccation at L2-3, L3-4 and L4-5 with some right foraminal stenosis greater than left at L4-5. The claimant is opined to most likely require L4-5 posterior lumbar fusion and decompression. The most recent imaging study contained in clinical record is MRI of lumbar spine which, notes right L4 and L5 laminotomy. There is enhancing tissue along right lateral aspect of thecal sac, which extends from L4-5 consistent with enhancing epidural scar granulation tissue formation. The enhancing tissue encircles the right L4 and L5 nerve

root and extends into right L4-5 neural foramen. The initial review was performed by Dr. on 12/07/11. Dr. non-certified the request noting Official Disability Guidelines require that all pain generators be identified and treated. He noted there is no documentation of recent epidural steroid injections. He notes there is requirement for psychosocial screening with confounding issues being addressed and subsequently non-certified the request. The appeal request was performed on 12/27/11 by Dr.. Dr. notes there is no evidence of instability on imaging. He notes there are no significant findings on MRI other than degenerative disc disease. He further notes the guidelines would not support proceeding without psychological evaluation.

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

This man initially sustained an injury to his low back, which resulted in L4-5 decompression and discectomy. He made no substantive improvement and ultimately underwent second decompression and discectomy at L4-5 level on 04/06/11. Again, postoperatively the claimant did not make any substantive improvement. There is no evidence of recurrent disc herniation at this level. There is evidence of enhancing scar tissue, which has not been addressed through adhesiolysis. The clinical record provides no documentation of instability of requested level, and in absence of recurrent disc herniation, fusion would not be indicated as per the ODG. Further, there is no preoperative psychiatric evaluation performed addressing any potentially confounding issues, which could impede the claimant's recovery. Therefore, given lack of documented instability, noting all potential pain generators have not been addressed and absence of psychiatric evaluation, the request does not meet ODG guidelines. Therefore, the reviewer finds no medical necessity for L4/5 Posterior Lumbar Interbody Fusion (PLIF) with Decompression/Instrumentation and Inpatient Hospital Stay for 3-5 days.

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)**