

# Prime 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/09/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Inpatient L5-S1 TLIF, PSF L5 and S1 and Spinal Monitoring (5 day LOS)

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

M.D., Board Certified Orthopedic Surgeon, Spine Surgeon

**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 and Treatment Guidelines  
Utilization review determination 02/06/12  
Reconsideration/appeal of adverse determination 02/16/12  
SOAP note Dr. 01/31/11-01/09/12  
Report of medical evaluation/referred impairment rating evaluation Dr. 01/30/12  
CT lumbosacral spine 09/07/10  
Procedure report lumbar facet injection bilateral L3-4 06/15/10  
MRI lumbar spine 03/04/10  
MRI thoracic spine 03/04/10  
Designated doctor evaluation Dr. 09/16/11  
CT myelogram lumbar spine 09/13/11  
MRI lumbar spine 09/13/11  
EMG/NCV 08/20/10  
Pre-surgical psychological evaluation 09/23/10  
Decision and order contested case hearing 10/12/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male whose date of injury is xx/xx/xx. He was injured while squatting down to pick up a barrel of caustic soda that he had accidentally knocked over with a forklift. As he was picking up the barrel he felt pain in the lower back -- radiating down the left leg. MRI of the lumbar spine on 03/04/10 revealed mild congenital spinal stenosis, most prominent L3-4 with mild superimposed facet hypertrophy. Electrodiagnostic testing performed 08/20/10 was reported as a normal study of the bilateral lower extremities with no specific evidence of lumbosacral radiculopathy, peripheral neuropathy, focal compression neuropathy, myopathy or lumbosacral plexopathy. Repeat MRI on 09/13/11 revealed disc desiccation and disc bulges at L3-4 and L5-S1. Disc material contacts the exiting right L3 nerve root. Disc material approximates the exiting L5 nerve roots. There was mild bilateral foraminal narrowing without canal stenosis at the L5-S1 level. CT myelogram on 09/13/11 revealed multilevel mild degenerative changes with no significant central canal stenosis; mild to

moderate foraminal narrowing at L5-S1 but no definite nerve root impingement. He was treated conservatively with back brace, physical therapy and facet injections. The claimant was seen on 01/09/12 by Dr. who noted that he continued with back and more right leg and left leg pain despite conservative treatment. The claimant underwent psychological evaluation and there were no psychological contraindications for surgical intervention. A utilization review determination dated 02/06/12 determined the request for inpatient L5-S1 TLIF, PSF L5-S1, and spinal monitoring 5 day LOS is not medically necessary. It was noted the claimant sustained a lifting injury to low back. Diagnosis is degenerative congenital stenosis L2-3, L3-4, L5-S1 with back and leg pain. The claimant had EMG/NCV on 08/20/10 that was normal. He had CT scan on 09/13/11 that revealed multilevel mild degenerative changes. There was no significant central canal stenosis. There was mild moderate foraminal narrowing at L5-S1 but no definite nerve root impingement. The claimant also had MRI on 09/13/11 that revealed L3-4 annular bulge and facet arthrosis causing mild bilateral neural foraminal narrowing without canal stenosis. Disc material contacting the exiting right L3 nerve root and approximated exiting left L3 nerve root. There is facet arthrosis at L4-5 causing mild bilateral neural foraminal narrowing without canal stenosis. At L5-S1 there is annular bulge and facet arthrosis causing moderate bilateral foraminal narrowing without canal stenosis. Disc material approximated L5 nerve roots. The claimant had psychological evaluation that showed no psychological contraindications to undergo recommended surgical procedure. Records available for review from Dr. indicate the claimant reported back and leg pain right greater than left. Records indicate the claimant received L3-4 facet injection that relieved his pain 50% but only lasted a couple of days. The claimant has been treated with medications and physical therapy. The claimant wears thoracic lumbosacral brace that helps with pain. Physical examination revealed decreased range of motion. Straight leg raise was negative and motor strength was equal bilaterally. Reflexes were equal bilaterally. The reviewer determined given the extent of findings and diagnosis of focus of surgical request without evidence of instability, tumor or infection, surgery is not indicated and appropriate.

A reconsideration / appeal request for inpatient L5-S1 TLIF, PSF L5-S1 and spinal monitoring (5 day LOS) was reviewed on 02/16/12 and determined as not medically necessary. The reviewer noted that the case was discussed with Dr.. MRI report dated 03/04/10 showed L5-S1 facet hypertrophy and mild posterior annular bulging. There is no disc herniation or nerve root compression. Mild congenital spinal stenosis was most prominent at L3-4. CT myelogram dated 09/13/11 noted no significant central canal stenosis. There was mild moderate foraminal narrowing at L5-S1 but no definite nerve root impingement. Records reveal EMG/NCV of 08/20/10 to be within normal limits. The claimant had normal neurologic evaluation. There was no objective evidence of instability at L5-S1. These findings do not meet guideline criteria for requested procedure and therefore the previous utilization review determinations are upheld.

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

This man sustained a lifting injury on xx/xx/xx. He was treated conservatively with back brace, physical therapy, and facet injection at L3-4, which provided 50% pain relief lasting only a couple days. EMG studies of lumbar spine revealed mild degenerative changes, with broad based posterior disc bulge at L5-S1. There is no central canal stenosis. There is mild bilateral foraminal narrowing but no definite nerve root impingement. Electrodiagnostic testing was reported as a normal study with no evidence of lumbar radiculopathy. Noting that there is no evidence of motion segment instability, noting the minimal findings on imaging/diagnostic studies, and noting the lack of neurologic findings on clinical examination, it is the reviewer's opinion that the proposed Inpatient L5-S1 TLIF, PSF L5 and S1 and Spinal Monitoring (5 day LOS) is not medically necessary. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

**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)