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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/26/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient Lumbar Laminectomy with fusion and instrumentation with removal of spinal fusion battery

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

M.D., Board Certified Neurological Surgery

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 04/10/12
Utilization review determination dated 03/08/12
Utilization review determination dated 03/16/12
Clinical records Dr. dated 09/30/10-03/26/12
Operative report dated 03/30/10
Radiographic report dated 12/27/10
MRI lumbar spine dated 04/12/11
CT myelogram lumbar spine dated 06/22/11
Operative report epidural steroid injection dated 07/20/11
Psychiatric evaluation dated 02/15/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male injured on xx/xx/xx. Records indicate the claimant was taken to surgery by Dr. on 03/30/10 at which time he underwent decompressive L4-5 laminectomy, bilateral L4 and L5 nerve root decompression, discectomy at L4-5 with nerve root decompression, anterior arthrodesis at L4-5, placement of interbody cages, bilateral L4 and L5 pedicle screws and plates, and posterolateral fusion. There is placement of EBI spinal fusion stimulator. Postoperatively the claimant was seen in follow-up on 12/27/10. Radiographs showed excellent position of instrumentation with normal alignment, progressive interbody and posterolateral fusion. He is in physical therapy. There is some diminished mobility in low back. He continues to use Hydrocodone and Flexeril, Motrin and Neurontin. He is noted to have a very large extruded disc and stenosis at L4-5 level. The claimant was seen in follow-up on 03/31/11 at which time he was reported to have had solid fusion both posterolateral interbody with normal alignment. He has occasional aching in hips and legs.

He walks with flexed posture in low back and utilizes a cane. He continues to utilize oral medications. He is noted to have recently undergone quadruple coronary artery bypass. MRI of lumbar spine was performed on 04/12/11. This study notes moderate narrowing of disc at L1-2 with diffuse posterior hypertrophic spurring and broad based bulge causing mild encroachment on the anterior aspect of dural sac and neural foramina and mild degenerative changes involving the facet joint with thickening of ligamentum flavum causing mild spinal canal stenosis. At L2-3 there is moderate narrowing of disc space. There is broad posterior hypertrophic spurring and bulging of disc causing mild encroachment upon anterior aspect of dural sac and neural foramina. There is thickening of ligamentum flavum. These findings result in mild spinal canal stenosis and mild right sided neural foraminal narrowing. At L3-4 disc space there is 3 mm of posterior subluxation at L3 on L4 with moderate narrowing of L3-4 disc space.

There is broad based bulge of disc causing mild to moderate encroachment on anterior aspect of dural sac. There are degenerative changes involving facet joints. There is thickening of ligamentum flavum posteriorly. These findings cause moderate spinal canal stenosis and moderate bilateral neural foraminal stenosis. At L4-5 there are postoperative changes secondary to PLIF noted. Bilateral pedicle screws are present at L4 and L5. Transfixing posterior compression plates are seen from L4-5. Interdisc spacers are present within L4-5 disc. At L5-S1 there is broad based bulging of the disc causing mild to moderate encroachment upon anterior aspect of dural sac and neural foramina. The claimant was seen in follow-up by Dr. LeGrand on 04/18/11. It is opined he has slightly more canal stenosis at L2-3. At L3-4 he has fairly significant central canal stenosis and bilateral neural foraminal stenosis with 3 mm posterior subluxation of L3 on L4 with narrowing of L3-4 disc space. CT myelogram of lumbar spine was performed on 06/02/11. The myelogram showed stenosis from L1-4 particularly at the L1-2 level. Post myelogram CT reports bilateral pedicle screws and posterior stabilization rods present at L4-5. There is slight retrolisthesis of L3 on L4. There are disc bulges at L1-2 and L2-3. There is vacuum phenomenon at L4-5 and L5-S1. There are bilateral laminectomy defects at L4 and L5 present. At L1-2 a disc bulge is present which causes mild bilateral neural foraminal narrowing and mild central canal stenosis. At L2-3 there is diffuse disc bulge present with ligamentous thickening, which causes mild central canal stenosis and bilateral neural foraminal narrowing. At L3-4 there is a slight pseudo bulge, which causes bilateral neural foraminal narrowing without significant central canal stenosis. The claimant was seen in follow-up on 06/29/11. At this time Dr. reports severe stenosis from L1-4 particularly at L1-2 level where there was subtotal block. He is reported to have severe upper and mid lumbar pain with bilateral hip and leg pain with numbness. He is reported be worsening neurologically. The claimant underwent additional epidural steroid injections without improvement. When seen in follow-up on 08/15/11 the claimant is now reported to have weakness in bilateral quadriceps and foot and great toe dorsiflexion and plantar flexion with absent deep tendon reflexes in lower extremities. There is no definite atrophy with loss of sensation from upper thighs distally. He is opined to be developing cauda equina syndrome secondary to stenosis from L1-4 particularly L1-2 where he is reported to have almost complete Myelographic block. Records indicate the claimant continued to follow-up with Dr.. There was recommendation for removal of spinal stimulator battery. The claimant was referred for psychological evaluation on 02/13/12 and was subsequently cleared for surgical intervention. The claimant was seen in follow-up on 03/26/12. He is reported to have progressive neurologic deficit. Straight leg raise and reverse straight leg raise are positive. He has absent ankle reflexes. He is recommended to undergo L1-4 decompression and fusion with instrumentation secondary to severe stenosis and chronic mechanical low back disorder.

The initial review was performed by Dr. on 03/08/12. Dr. non-certified the request noting medical records demonstrated mild spinal canal stenosis at L1-2 and mild stenosis at L2-3 with moderate spinal canal stenosis at L3-4. He notes the claimant's physical findings appear to be related to L3-4 as he has weakness in quadriceps. He opines there is lack of documentation for procedure at L1-2 and L2-3, which only show mild stenosis. He notes the request additionally includes removal for spinal fusion stimulator battery, and there is no indication this is causing any significant problems.

A subsequent appeal request was reviewed on 03/16/12 by Dr.. Dr. Pribil non-certified the

request noting findings on imaging studies show moderate spinal canal stenosis and moderate bilateral neural foraminal stenosis. He notes treatment has included epidural steroid injections, physical therapy, and psychological evaluation. He reported there is no documentation associated with clinical findings such as loss of relevant reflexes, muscle weakness or atrophy of appropriate muscle groups or loss of sensation of all corresponding dermatomes.

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

The records indicate the claimant initially sustained an injury to his low back as result of work related activity resulting in large disc herniation at L4-5 level. The claimant was subsequently taken to surgery on 03/30/10 and underwent anterior and posterior arthrodesis with interbody cages and instrumentation. The clinical records indicate the claimant's fusion at L4-5 level consolidated; however, he continued to have significantly increasing levels of pain. He is noted to have 3 mm posterior subluxation on L3 on L4 with moderate spinal canal stenosis and moderate bilateral neural foraminal stenosis at L3-4 level. He is noted to have mild spinal canal stenosis with mild right-sided neural foraminal stenosis with mild to moderate left sided neural foraminal stenosis at L2-3 level and findings of mild spinal canal stenosis at L1-2 level. Due to increasing pain and progressive neurologic deterioration the claimant was referred for CT myelogram of lumbar spine. It is noted in procedure report that there is moderate central canal stenosis at L1-2 level with mild central canal stenosis at L2-3 and L3-4. It is noted that there is some evidence of contrast blockage at L1-2 level. Serial records indicate the claimant underwent epidural steroid injections. Physical examination beginning in 08/15/11 indicated progressive neurologic deterioration. He has weakness in bilateral quadriceps, foot, and great toe dorsiflexion and plantar flexion with absent tendon reflexes in lower extremities. It was further noted there is documentation of irritation caused by the retained spinal fusion stimulator battery, which per manufacturer is required to be removed to prevent iatrogenic injury from battery leakage. Based on totality of clinical information submitted for review, there is clear evidence of progressive neurologic deficit with adjacent segment disease at L3-4 level and evidence of current block at L1-2 level secondary to stenosis. Therefore, the reviewer finds medical necessity is established for the requested inpatient Lumbar Laminectomy with fusion and instrumentation with removal of spinal fusion battery. Because the ODG criteria for the requested procedure has been met, and upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned.

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)