

SENT VIA EMAIL OR FAX ON
May/15/2012

True Resolutions Inc.

An Independent Review Organization
500 E. 4th St., PMB 352
Austin, TX 78701
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/15/2012

IRO CASE #:

40644

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient L4/5 L5/S1 Mini 360 Fusion

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

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

OD Guidelines

Adverse determination notice 03/23/12

Adverse determination after reconsideration notice 04/20/12

Preauthorization request 03/12/12

Preauthorization appeal request 04/02/12

Office visit notes Back Institute 08/19/10-04/02/12

Urine toxicology report 02/10/12

Designated doctor evaluation report 01/14/12 (evaluation 12/22/11)

MRI lumbar spine 01/12/12 and 09/22/10

Vein Doppler bilateral 01/12/12

Behavioral medicine evaluation 09/22/11

CT myelogram cervical spine 05/11/11

Neurophysiological consultation and report of electrodiagnostics Dr. 02/11/11

Carrier response to request for IRO 04/30/12

X-rays right hip, lumbar spine and right shoulder 08/09/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was injured on xx/xx/xx when she slipped and fell onto her left side on a wet floor. Records indicate she has had increasing low back pain, thoracic pain, neck pain, right shoulder pain since that time. Records indicate the claimant underwent cervical spine fusion surgery at C5-6 level in 2009. Her major complaint is low back pain with weakness in left leg, as well as neck and shoulder pain. MRI of lumbar spine performed on 09/22/10 revealed mild rightward curvature of lumbar spine, chronic. There is sacralization of lowest lumbar vertebra with enlargement of right L5 transverse process. Repeat MRI dated 01/12/12 revealed multilevel discogenic degenerative changes, with no significant change since prior exam of 09/22/10. At L4-5 there is mild central, but rightward disc bulge resulting in mild narrowing of right lateral recess. At L5-S1 there is minimal central disc bulge without significant narrowing of either lateral process. The neural foramina are widely patent at both levels. The claimant was seen in follow-up by Dr. on 03/01/12 and was noted as having symptoms down the left leg. She walks with a cane because of weakness and pain down the left leg. Objective findings reported very antalgic gait pattern, and the claimant walks with walking cane. Balance and coordination are intact. The claimant has positive straight leg raise on left. On the right she is only positive for tight hamstrings. She has significant left leg weakness of quadriceps, anterior tibialis, extensor hallucis longus, and gastrocnemius being 4 to 4-/5. The extensor hallucis longus and anterior tibialis she has hard time lifting against gravity, but she can do so. Right leg is 5/5 in all major muscle groups. Deep tendon reflexes were 1+ patella on left and 2+ on right. There is no hyperreflexia in upper extremities. She is recommended to undergo mini 360 at L4-5 and L5-S1.

A preauthorization request for inpatient L4-5, L5-S1 mini 360 fusion was reviewed on 03/23/12 by Dr. who determined the request did not meet preliminary guidelines and is not supported as medically necessary. It was noted MRI fails to reveal any evidence of instability or spondylolisthesis that would necessitate a fusion. Given lack of significant diagnostic tests, the request is not medically necessary. It was noted upon discussion with Dr. he noted that he is requesting 360 fusion because he feels with just decompression alone the claimant may become unstable. According to Official Disability Guidelines this is not supported and not medically necessary.

An appeal request for inpatient L4-5, L5-S1 mini 360 fusion was reviewed on 04/20/12 by Dr.. It was noted the claimant was injured when she slipped in water falling landing on her right shoulder and right hip as well as lumbar spine. Records indicate the claimant underwent EMG/NCV on 02/11/11, which was reported to have identified L4-5 radiculopathy. Records indicate the claimant was followed at Institute and is noted to have had cervical pathology. She has history of C5-6 ACDF. The record includes MRI of lumbar spine dated 09/22/10 which notes a mild rightward curvature of lumbar spine which is chronic. There are hyperplastic ribs at T12; there is sacralization of lumbar vertebra with enlargement of right L5 transverse process which articulates with superior aspect of sacrum and iliac bone. It is noted the exiting left L5 nerve root may contact posterolateral aspect of vertebral body. This is chronic when compared to prior MRI dated 06/20/07. It is noted there are mild degenerative changes and mild facet hypertrophy. At L4-5 there is a minimal diffusely bulging disc which is left paracentral. There is facet joint hypertrophy and ligamentum flavum thickening. There is mild central canal stenosis and mild to moderate neural foraminal stenosis. There is high signal identified within the posterior bulging disc material at the far right lateral region. At L5-S1 there is diffuse bulging disc with mild posterior disc osteophyte complex greater in volume on left than right. There is bilateral facet joint hypertrophy and ligamentum flavum thickening. The exiting L5 nerve may contact lateral osteophyte at far left lateral region. Records indicate the claimant continues to have quite a bit of symptoms in left leg. She ambulates with use of cane due to weakness and pain. It has been recommended the claimant undergo L4-5, L5-S1 mini fusion at two levels. On physical examination she has antalgic gait pattern and utilizes a cane. She has positive straight leg raise on left. She is reported to have significant weakness of quadriceps and anterior tibialis, EHL, and gastrocnemius graded 4 to 4-/5. She has a 1+ patella reflex on left and 2+ on right. MRI

dated 01/20/12 did not show any changes with comparison to past MRIs. The record contains follow-up note from Dr. who believes lumbar decompression in patient would result in instability. He opines it will further result in incomplete pain relief. As such, he recommends L4-5 and L5-S1 fusion. Dr. determined the request for L4-5 and L5-S1 mini 360 fusion is not medically necessary. The submitted clinical records clearly indicate the claimant has failed conservative treatment and she continues to have low back pain with evidence of active radiculopathy in left lower extremity. The imaging studies provided are consistent with claimant's subjective complaints, and there is clear indication for performance of surgery which would be decompression. The record provides no data to establish there is instability at L4-5, L5-S1 levels or that decompression would be of such magnitude that it would result in iatrogenic instability. As such, the request is not supported under Official Disability Guidelines and not medically necessary.

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

Based on the clinical information provided, the proposed inpatient L4-5, L5-S1 mini 360 fusion is not supported as medically necessary. The claimant is noted to have sustained injury secondary to slip and fall. She has history of C5-6 ACDF in 2009. She complains of low back pain with left leg pain and weakness. Imaging studies of lumbar spine reveal multilevel degenerative changes as described in clinical history; however, there is no evidence of spondylolisthesis or motion segment instability at any level that would necessitate lumbar fusion. The records do reflect the claimant has failed appropriate course of conservative treatment and imaging studies consistent with objective complaints which would warrant decompression of lumbar spine; however, there is no objective evidence of instability at L4-5 or L5-S1, and no evidence that decompression of lumbar spine would result in iatrogenic instability. Given the current clinical data, medical necessity is not established for proposed surgical procedure and previous denials are 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)