

Becket Systems

An Independent Review Organization
815-A Brazos St #499
Austin, TX 78701
Phone: (512) 553-0360
Fax: (207) 470-1075
Email: manager@becketsystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/30/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

lumbar anterior interbody fusion L3-4 lateral approach with interbody cage and bone graft, posterior fusion L3-4 with hardware with 2 inpatient days

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

ODG

03/13/12 and 04/02/12

MRI lumbar spine 07/28/11

Clinic note Dr. 09/12/11-01/02/12

MRI lumbar spine 10/03/11

EMG/NCV study 10/13/11

Clinic notes, Dr. 01/05/12-03/22/12

Designated doctor evaluation 01/06/12

Utilization review determination 01/27/12

Utilization review determination 02/03/12

Psychiatric evaluation 02/23/12

MRI cervical spine 07/19/11

Carotid Doppler Study 07/20/11

MRI brain 07/19/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on XX/XX/XX. He became dizzy due to extreme heat and fell backwards onto the lower shelf of package car and then onto the floor, sustaining injuries to low back. MRI of lumbar spine dated 07/28/11 notes minimal anterior offset of L3 on L4 likely degenerative in nature with degenerative disc change at L3-4 and L4-5. There is mild generalized disc protrusion at L3-4 without definite lateralization or significant focal herniation identified.

On 09/12/11 Dr. examined the patient. He reported low back pain with leg weakness with intermittent dizziness. He has decreased sensation in left lateral leg, decreased strength in

left lower extremity quadriceps and hip flexors, decreased lumbar range of motion in rotation and extension, and positive straight leg raise.

On 10/03/11 repeat MRI of the lumbar spine notes L1-2 and L2-3 to be normal. At L3-4 there is a grade I anterolisthesis with broad 1-2 mm protrusion without central canal stenosis or neural foraminal encroachment. There is no facet hypertrophy or ligamentum flavum thickening. At L4-5 there is a broad 4 mm protrusion with no canal stenosis or neural foraminal stenosis. At L5-S1 there is disc desiccation with broad 1 mm disc bulge with no central canal or neural foraminal thickening. EMG/NCV study was performed on 10/13/11. This study notes abnormalities suggestive of bilateral S1 radiculopathy.

On 01/05/12 the claimant was seen by Dr.. At this time the claimant describes low back pain with numbness in left leg. These symptoms have not improved and are reported to have worsened. He has been seen by Dr. and received prior treatment from Dr.. He reported numbness present in lower top left leg. He had physical therapy. He has a history of cervical fusion performed on 04/10/10. Current medications include Diltiazem and Flexeril. He is 5'11" tall and weighs 208 lbs. He has anterior neck incisional scar, scars over left shoulder, gait is normal, and he is able to toe/heel walk and squat. He can arise from squat, stand on one leg. He is able to hop on one leg without difficulty. Lumbar range of motion is reduced 25% in all planes. Reflexes are 2+ and symmetric. Straight leg raise is negative. The claimant is opined to have L3-4 instability secondary to work related trauma.

On 01/06/12 the claimant was seen by Dr. for designated doctor evaluation. Dr. opines the claimant has not reached MMI noting the claimant has confirmed S1 radiculopathy symptomatic on the left. It is noted the claimant had recently been seen by neurosurgeon who recommended L5-S1 discectomy and fusion. Dr. concurred with this recommendation and notes the claimant wants to proceed with surgery.

On 01/27/12 this request was reviewed by Dr who non-certified the request noting that there is grade 1 anterolisthesis and a broad 1-2mm disc protrusion at L3-4. Electrodiagnostic studies indicate a left or bilateral S1 radiculopathy. She notes that imaging studies and electrodiagnostic studies are not concordant with physical examination and that there is no psychosocial evaluation. An appeal request was reviewed on 02/03/12 by Dr.. It is noted that the records fail to demonstrate significant radiculopathy on electrodiagnostic studies or physical examination. The medical record fails to demonstrate a psychosocial evaluation. Therefore the procedure was not recommended as medically necessary.

On 02/23/12 the claimant was referred for psychiatric evaluation. The evaluator notes that the claimant does not appear to present with any psychosocial stressors, uncontrolled severe depression and anxiety, active suicidal ideation, serious alcohol drug addiction; or severe cognitive deficits.

An new request was submitted for surgical intervention, which was again reviewed by Dr. on 03/12/12. At this time she non-certified the request again noting the records indicate an L3-4 grade 1 anterolisthesis and a broad 1-2mm disc protrusion with no canal stenosis or no neural foraminal encroachment. She notes that there is no facet hypertrophy or ligamentum flavum thickening at that level. She notes that the only significant deficit is some reported numbness on the top of the lower left leg. She notes that electrodiagnostic studies do not correlate with the proposed surgical level and therefore all pain generators have not been identified or treated as recommended.

The claimant was seen in follow-up by Dr. on 03/15/12 who notes that the patient's DLIF at L3-4 was denied. Dr. notes in a letter of appeal that he made multiple attempts to contact the peer reviewer but was unable to get through. He reports that the claimant has instability at L3-4 that would be a reason for the recommendation of the DLIF at L3-4. The claimant was seen in follow-up on 03/22/12 with continued persistent back and left leg pain. Dr. reports that flexion extension view of the lumbar spine shows clear instability at the L3-4 level. It is reported that the claimant has weakness in his quads on the left side. Straight leg raise

increases back pain and numbness in his left leg. He has a psychiatric evaluation and was cleared for surgery. On 04/02/12 the appeal request was reviewed by Dr. who non-certified the request noting that the claimant complains of low back pain and associated numbness in the left lower extremity. He reports that there is no mention in the clinical record of the patient having previously undergone physical therapy and finds that the request does not meet guidelines.

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

The records do not indicate that this claimant has exhausted conservative management from the standpoint that there is no information regarding physical therapy or lumbar epidural steroid injections in the presence of a radiculopathy. The claimant has undergone MRI of the lumbar spine, which notes a grade 1 anterolisthesis at L3-4 with multilevel degenerative changes without clear evidence of a significant neurocompressive lesion. The claimant has undergone EMG/NCV of the bilateral lower extremities, which does show evidence of a bilateral S1 radiculopathy. Per the Official Disability Guidelines there must be evidence of instability. Dr. reports that there is instability at the L3-4 level. However, this is not quantified by independent flexion extension radiographs with a measurement of A/P translation. Noting that the claimant has not exhausted all conservative management and the clear lack of correlation between imaging studies, electrodiagnostic studies and physical examination findings, it is the opinion of the reviewer that the requested lumbar anterior interbody fusion L3-4 lateral approach with interbody cage and bone graft, posterior fusion L3-4 with hardware with 2 inpatient days is not established as medically necessary at this time.

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)