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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Nov/05/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Hardware removal at L5-S1 with decompression laminectomy L4-5 with posterior lateral fusion and instrumentation at L4-5 w/ 3 day inpatient stay

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

M.D., Board Certified Neurological 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds that medical necessity does not exist for Hardware removal at L5-S1 with decompression laminectomy L4-5 with posterior lateral fusion and instrumentation at L4-5 w/ 3 day inpatient stay.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Operative note dated 08/08/07
Electrodiagnostic studies dated 05/27/09
Office visit notes dated 05/13/10-09/20/12
MRI lumbar spine dated 06/11/10
Psychological evaluation dated 12/28/11
Utilization review determination dated 08/31/12
Utilization review determination dated 10/02/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male whose date of injury is xx/xx/xx. He had lumbar fusion L5-S1 with non-union. Repeat posterior decompressive laminectomy with fasciectomy at L5-S1 on the left was performed on 08/08/07 with posterior lateral instrumentation at L5-S1, and posterior lateral fusion at L5-S1. He complained of low back pain and buttocks pain, and leg pain. MRI of the lumbar spine dated 06/11/10 shows post-surgical changes at L5-S1, with mild L4-5 spinal canal narrowing and mild bilateral L4-5 neural foraminal narrowing, with possible left L5-S1 neural foraminal narrowing. A request for authorization of hardware removal at L5-S1 with decompression laminectomy at L4-5 with posterior lateral fusion and instrumentation at L4-5 with a three day inpatient stay was denied in a letter dated 08/31/12 noting that there is minimal pathology at L4-5 and no independent flexion extension radiographs to establish a segmental instability. Records identify prior L5-S1 fusion. MRI is over two years old and shows mild narrowing of the central canal at L4-5 and mild foraminal narrowing. The claimant was noted to complain of low back pain and buttocks or leg pain. Physical

examination shows slight asymmetry of the knee jerk on the right being 0 and on the left 1-2+. Discussion identified radicular findings and an EMG consistent with L4-5 radiculopathy with flexion extension films that show borderline instability. It was also noted imaging demonstrated moderate spinal stenosis. The MRI does not corroborate this and is over two years old. There were no independent flexion extension views demonstrating segmental instability, or degree. As such, medical necessity is not established.

A second request for hardware removal at L5-S1 with decompression laminectomy at L4-5 with posterior lateral fusion and instrumentation at L4-5 with three day inpatient stay was denied on 10/02/12. The denial states there is no evidence of updated imaging reports with most recent MRI dating back to 06/11/10. This MRI did not demonstrate greater than mild bilateral neural foraminal narrowing. In addition, a radiologist's interpretation of reported flexion extension views was not made available for review.

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

The claimant reportedly was injured in 1996. He has a history of previous L5-S1 fusion. He developed non-union at the L5-S1 level and underwent revision surgery in 2007 with repeat decompressive laminectomy at the L5-S1 level with posterior lateral fusion and posterior lateral instrumentation at L5-S1. He continued to complain of low back pain and buttock or leg pain. The most recent progress note dated 06/21/12 did not include a detailed physical examination. Most recent imaging study submitted for review was over two years old being performed on 06/11/10. This study revealed post-operative changes at L5-S1. At the L4-5 level there was mild bilateral L4-5 neural foraminal narrowing reported mainly due to mild to moderate bilateral facet disease. No radiology report was submitted of flexion extension films demonstrating motion segment instability at the L4-5 level. The reviewer finds that medical necessity does not exist for Hardware removal at L5-S1 with decompression laminectomy L4-5 with posterior lateral fusion and instrumentation at L4-5 w/ 3 day inpatient stay.

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)