

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/25/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4-5 lumbar interbody fusion w/ open reduction internal fixation/ posterior lumbar decompression & fusion w/ 1-3 days LOS

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

M.D., Board Certified 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)

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 L4-5 lumbar interbody fusion w/ open reduction internal fixation/ posterior lumbar decompression & fusion w/ 1-3 days LOS.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
CT lumbar spine dated 11/02/09
MRI lumbar spine dated 08/10/11
Clinical notes dated 04/23/12-07/10/12
Mental health evaluation dated 06/12/12
Prior reviews dated 07/27/12 and 09/18/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who has been followed for complaints of low back pain after falling off a ladder on xx/xx/xx. CT studies of lumbar spine completed on 11/02/09 revealed facet arthrosis at L4-5 with vacuum disc phenomenon on the right and subchondral cystic changes on the left. Moderately severe canal stenosis at this level was noted. MRI of lumbar spine dated 08/10/11 revealed disc bulging and osteophytic ridging at L4-5 with facet arthrosis and ligamentum flavum hypertrophy. Moderate to moderate to severe canal and foraminal stenosis was noted. Clinical note on 04/23/12 stated the patient has complaints of low back and lower extremity pain. The clinical note indicates there was instability on flexion and extension films at L4-5; however, no radiographic reports were submitted for review. The patient's prior conservative treatment included epidural steroid injections and facet blocks which provided temporary but significant relief. Physical examination at this visit revealed pain with range of motion of lumbar spine. The patient was neurologically intact and the patient was recommended for L4-5 XLIF and posterior lumbar instrumentation with fusion. The patient underwent a psychological evaluation on 06/12/12. The patient's MMPI-II results indicated a somatic preoccupation with reactive depression and anxiety. The patient's BDI

score was 27 and BAI was 33. FABQ scores were significantly elevated. The patient was psychologically cleared for surgery. Follow-up on 07/10/12 stated the patient's symptoms in low back and lower extremities were unchanged. Physical examination revealed decreased sensation along left lateral thigh as well as the posterior and lateral lower extremities. Reflexes at the Achilles were absent and straight leg raise test was positive bilaterally.

The request for L4-5 lumbar interbody fusion with open reduction internal fixation and posterior lumbar decompression and fusion was denied by utilization review on 07/27/12 as there was no documentation regarding flexion and extension reports supporting evidence of instability. There is also no documentation regarding conservative treatment. The request was again denied by utilization review on 09/19/12 as there was insufficient documentation to confirm instability in the lumbar spine. There was also lack of documentation establishing true pain generators for the claimant.

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

The claimant continued to report significant low back pain and lower extremity pain despite conservative treatments to include facet and epidural steroid injections. Imaging studies did show degenerative disc disease at L4-5. However, there was no evidence of spondylolisthesis reported on the MRI study. Clinical notes indicate the claimant does have instability at L4-5. However, no flexion/extension views of lumbar spine were provided for review documenting evidence of clinical instability at L4-5. The claimant was seen for psychological evaluation for surgery and the psychological evaluation indicated the claimant had significant somatic preoccupation on MMPI-2 testing and given the claimant's elevated BDI, BAI, and FABQ scores, there does appear to be possible confounding issues that may affect the claimant's post-operative recovery. Given the evidence provided regarding the psychological evaluation and lack of clinical documentation regarding motion segment instability at L4-5, the claimant would not meet guideline recommendations for the requested procedure. Therefore, it is the opinion of the reviewer that medical necessity is not established for L4-5 lumbar interbody fusion w/ open reduction internal fixation/ posterior lumbar decompression & fusion w/ 1-3 days LOS.

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)