Core 400 LLC

An Independent Review Organization
7000 N Mopac Expressway, Suite 200
Austin, TX 78731
Phone: (512) 772-2865
Fax: (530) 687-8368
Email: manager@core400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/30/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Inpatient two (2) days length of stay (LOS) for an anterior lumbar interbody fusion (ALIF) at L3-4, lateral approach, posterior lumbar decompression with posterolateral fusion and pedicle screw instrumentation at L3-4, with removal of previous pedicle screw instrumentation at L4-5 with evaluation of fusion status with possible re-do decompression and possible re-instrumentation at L4-5

A 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:
[X] 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 <u>each</u> health care service in dispute. The reviewer finds there is not medical necessity for Inpatient two (2) days length of stay (LOS) for an anterior lumbar interbody fusion (ALIF) at L3-4, lateral approach, posterior lumbar decompression with posterolateral fusion and pedicle screw instrumentation at L3-4, with removal of previous pedicle screw instrumentation at L4-5 with evaluation of fusion status with possible re-do decompression and possible re-instrumentation at L4-5.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Employee's first report of injury xx/xx/xx
Radiographs lumbar spine xx/xx/xx
MRI lumbar spine 02/04/08
Electrodiagnostic studies 06/30/08
Radiographs lumbar spine 04/28/09
Radiographs lumbar spine 07/24/09
MRI lumbar spine 07/24/09
Radiographs lumbar spine 01/07/10
Ultrasound abdomen 01/19/10
CT myelogram lumbar spine 04/01/11
CT lumbar spine 06/21/12
Radiographs lumbar spine 08/15/12
CT myelogram lumbar spine 08/15/12
Clinical notes Neurological Association 06/19/08-07/22/08
Clinical note Dr. 10/15/08
Clinical note Dr. 11/17/08

Clinical evaluation, DC 04/01/09
Clinical notes Dr. 04/08/09-09/21/12
Procedure note 05/05/09
Clinical notes Dr. 05/13/09-08/20/12
Procedure note 06/16/09
Procedure note 10/16/09
Operative report 01/07/10
Procedure note 05/06/11
Operative report 10/27/11
Operative report 11/02/11
Mental health evaluation 01/04/08
Pre-surgical behavioral health evaluation 08/06/09
Psychological evaluation 09/12/11
Pre-surgical psychological evaluation 09/20/12
SOAP notes Multidisciplinary Clinic 05/14/09-06/28/12
Hand written clinical notes Health Services 01/08/08-03/11/09
Clinical note Dr. 08/25/10
Chronic pain program progress report 03/27/08
Physical therapy report 05/06/08
Chronic pain management documentation 06/21/10-08/06/10
Functional capacity evaluations 05/01/08-06/30/11
Impairment rating report 08/27/10
Impairment rating report 01/06/10
Designated doctor evaluation 05/16/08
Prior reviews 10/01/12 and 10/05/12

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a female who sustained an injury on xx/xx/xx. The patient was knocked down multiple times. She was initially seen for complaints of low back pain and was provided conservative treatment to include physical therapy and multiple epidural steroid injections. The patient did not improve with initial conservative treatment and underwent lumbar fusion at L4-5 with bilateral foraminotomy and pedicle screw fixation on 01/07/10. The patient continued to have significant post-operative pain that was not addressed with chronic pain management program for 20 days. She had a spinal cord stimulation trial, which resulted in a recommendation for permanent placement. CT of the lumbar spine on 06/21/12 revealed a prior fusion at L4-5 with no lucency noted or surrounding the hardware. Prior decompression at L5-S1 was present with no evidence of recurrent disc herniation. Shallow disc bulging was noted at L3-4 along with ligamentous thickening and bilateral facet hypertrophy. Moderate canal narrowing at L3-4 was noted. The patient was examined by Dr. on 07/27/12 with complaints of severe low back pain radiating to the left lower extremity all the way to the foot. She also reported right lower extremity symptomology that was worse than the left side. Physical examination revealed loss of range of motion in the lumbar spine secondary to body habitus pain and muscle spasms. Mild weakness in the right tibialis anterior was present and reflexes were full and symmetric. Patient ambulated with an antalgic gait and had difficulty with both heel and toe walking. Straight leg raise was reported as positive to the right at 60 degrees. There was hypesthesia in the right L5 nerve root distribution. Dynamic weight bearing CT myelogram studies were recommended along with flexion extension sequences. Radiographs of the lumbar spine on 08/15/12 revealed a grade 1 anterolisthesis at L4-5 with no evidence of lateral subluxation. No evidence of hardware loosening at L4-5 was noted. There was moderate canal stenosis at L3-4 present. No instability at any motion segment was reported. Lumbar CT myelogram was also completed on 08/15/12, which revealed a prior fusion at L4-5 with no hardware loosening. Stable anterolisthesis at L4 on L5 was present. At L3-4 there was prominent posterior epidural fat that in conjunction with ligamentum flavum hypertrophy contributed to severe canal stenosis. There was compression of the intra connect canalicular intracanalicular traversing nerve roots at this level. The patient was seen by Dr. on 08/20/12. The patient’s physical examination findings were relatively unchanged from the prior exam. Dr. opined that there was 3mm of retrolisthesis of L3 on L4 on image on CT myelogram imaging studies. He recommends anterior lumbar interbody fusion at L3-4 as well as posterior lumbar decompression

posterolateral fusion and pedicle screw information with integration of the L4-5 level. The patient had a pre-surgical psychological evaluation on 09/20/12. The patient's BDI score was 0 and BAI was 15. FABQ scores were at maximum for work and physical activity. The patient was seen by Dr. on 09/07/12. The patient continued to report low back pain radiating into the lower extremities. Current medications at this visit included Mobic and Neurontin. There was poor range of motion noted in the lumbar spine on physical examination with sensory deficits present in the right lower extremity in the L4 and L5 dermatomes. Straight leg raise was full at 80 degrees. Lumbar epidural steroid injections at L3-4 were recommended. The request for 360-degree fusion at L4-5 with re-instrumentation of hardware at L4-5 was denied by utilization review on 10/01/12 as there was no progression in changes on imaging studies and no indication of any spinal instabilities. The request was again denied by utilization review on 10/05/12 as the clinical findings did not correlate with the levels requested for surgery and there was no documentation regarding instability in the lumbar spine.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The patient has had persistent low back pain despite multiple interventions both conservative and surgical. The patient has been treated at a tertiary level of pain management with both chronic pain management programs and a spinal cord stimulator trial that was beneficial according to the operative reports. In regards to the L3-4 level there are no indications for cervical or lumbar fusion. There is no mention in any of the recent radiograph studies or CT myelogram reports of any significant disc space collapse or motion segment instability that would reasonably require fusion at this level. The CT myelogram studies also demonstrate intact hardware and a solid fusion at L4-5. Therefore no re-exploration or possible re-decompression would be indicated. Given the patient's lack of response to any extensive conservative or surgical treatment at this time it is highly unlikely that the patient will have any significant further benefit from surgical intervention. There are no clear surgical indications for this patient. The reviewer finds there is not medical necessity for Inpatient two (2) days length of stay (LOS) for an anterior lumbar interbody fusion (ALIF) at L3-4, lateral approach, posterior lumbar decompression with posterolateral fusion and pedicle screw instrumentation at L3-4, with removal of previous pedicle screw instrumentation at L4-5 with evaluation of fusion status with possible re-do decompression and possible re-instrumentation at L4-5.

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
[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
[ ] MILLIMAN CARE GUIDELINES
[X] 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)