

Prime 400 LLC

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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:

23 hour observation/outpatient removal of hardware at L5-S1 with exploration of fusion for the lumbar spine

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

M.D., Board Certified Neurosurgery

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 medical necessity is not established for 23 hour observation/outpatient removal of hardware at L5-S1 with exploration of fusion for the lumbar spine.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Electrodiagnostic studies dated 06/24/10
New patient evaluation dated 10/28/11
Follow-up evaluation by Dr. dated 11/17/11
Follow-up evaluation by Dr. dated 12/15/11
CT lumbar spine dated 01/23/12
Follow-up evaluation by Dr. dated 02/02/12
Operative report dated 07/13/12
Clinical evaluation by FNP dated 08/02/12
Follow-up evaluation by Dr. dated 09/06/12
Clinical evaluation by Dr. dated 10/03/12
Prior reviews dated 09/24/12 – 10/16/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who has been followed for complaints of chronic low back pain. The patient is status post lumbar fusion at L5-S1 and there was suspicion regarding pseudoarthrosis. The patient was recommended for CT scans of the lumbar spine which were completed on 01/23/12. The study revealed postoperative changes from L4-S1 with solid posterior spinal fusion and incorporated hardware. Partial posterior spinal fusion was

noted at L3-4; there was partial anterior spinal fusion at L4-5. The patient underwent caudal epidural steroid injections and somatic blockade at L5-S1 on 07/13/12. The patient had temporary anesthetic relief for approximately 6-8 following the injection. Clinical evaluation with Dr. on 09/06/12 stated that the patient had persistent pain in the low back and lower extremities. Physical examination revealed an antalgic gait with weakness in the lower extremity and decreased sensation to the right and in L5 distribution. Radiographs were stated to show a loose screw to the right at L5-S1 and the patient was recommended for hardware removal at L5-S1 due to the positive response to diagnostic injections completed in 07/12. The patient was evaluated by Dr. on 10/03/12. The patient reported adequate control of symptoms with medications. Physical examination was reported as stable. The patient was recommended to continue with narcotics, Neurontin, Flexeril, and Verapamil. It appears that lateral flexion and extension radiograph studies were approved; however, hardware and exploration of fusion were denied by utilization review on 09/24/12. This is due to lack of dynamic plain film radiographs assessing the stability of lumbar hardware and the lack of documentation regarding diagnostic injections. The request for exploration of fusion and removal of hardware was denied by utilization review on 10/03/12 as there were no radiology reports regarding plain film radiograph studies evaluating the patient's hardware. No procedure notes were provided for review regarding hardware blocks. The patient's most recent physical examination was consistent with radicular symptoms, which would not benefit from hardware removal and there was no confirmation regarding pseudoarthrosis on imaging studies.

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

The clinical documentation establishes that the patient has solid fusion at L5-S1 and incorporation of fusion at L3-4 and L4-5 with no clear evidence of pseudoarthrosis that would reasonably require fusion exploration. The patient is documented to have had a positive response to hardware injections at L5-S1; however, the patient's most recent clinical notes document radicular symptoms that would not be reasonably addressed with hardware removal. No plain film radiograph studies were provided for review regarding hardware failure and recommended flexion/extension views of the lumbar spine have not been completed to date documenting instability that would further support an exploration of fusion. As the clinical documentation provided for review does not meet guideline recommendations for the requested surgical services, the reviewer finds medical necessity is not established for 23 hour observation/outpatient removal of hardware at L5-S1 with exploration of fusion for the lumbar spine.

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)