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Austin, TX 78704  
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**Notice of Independent Review Decision**

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**Notice of Independent Medical Review Decision**

**Reviewer's Report**

**DATE OF REVIEW:** September 26, 2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

L4/L5/S1 lumbar laminectomy, discectomy L5/S1 with PISF/AISF arthrodesis, length of stay two days (63030, 63035, 22612, 22851, 20938, 22840, 22325, and 22533).

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

M.D., Board Certified in 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)

The requested L4/L5/S1 lumbar laminectomy, discectomy L5/S1 with PISF/AISF arthrodesis, length of stay two days (63030, 63035, 22612, 22851, 20938, 22840, 22325, and 22533) are not medically necessary for treatment of the patient's medical condition.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for a Review by an Independent Review Organization dated 8/13/12.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 9/06/12.
3. Notice of Assignment of Independent Review Organization dated 9/06/12.
4. Denial documentation.
5. Undated pre-authorization request form.
6. Medical records from MD dated 4/03/12 through 5/02/12.
7. Behavioral Health Assessment dated 6/12/12.
8. Lumbar spine imaging dated 4/19/12.
9. MRI of the lumbar spine dated 11/15/11.
10. Operative report dated 4/06/11.
11. Medical records from MD dated 11/03/11.
12. Document entitled Surgery Checklist.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

A review of the record indicates that the patient is a male who is status post below-the-knee amputation on the right. On 4/06/11, he underwent an epidural steroid injection at L2-3, secondary to a herniated nucleus pulposus. On 11/03/11, the patient reported low back pain and right-sided thigh pain. The medical records noted that a previous discectomy at L2-3 provided some benefit. The note indicated that x-rays revealed instability at L4-5 and L5-S1, and an MRI revealed an abnormal disc at L5-S1. On 11/15/11, an MRI of the lumbar spine revealed a disc protrusion at T12-L1 which was noted to be moderately impressing on the thecal sac. At L4-5, a disc bulge was noted to be mildly impressing on the thecal sac, producing moderate bilateral neural foraminal narrowing. A circumferential disc bulge was noted at L5-S1, producing mild spinal canal narrowing and encroachment on the S1 nerve root bilaterally. Bilateral facet arthrosis and marked bilateral neural foraminal narrowing were also noted.

On 4/03/12, the patient reported continued low back pain. The patient was noted to be ambulatory with a below-the-knee prosthesis. X-rays reportedly revealed instability at the L5-S1 level. The clinical note dated 4/04/12 details multilevel involvement, specifically at T12-L1, L2-3, L4-5, and L5-S1. X-rays of the lumbar spine dated 4/19/12 revealed no significant intersegmental motion at L4-5 or L5-S1. Moderate facet joint arthrosis was noted at L4-5 and L5-S1. On 5/01/12, the patient reported continued lumbar spine pain. X-rays completed on 5/02/12 revealed L4-5 to be within normal limits. The L5-S1 level revealed functional spinal unit collapse from 13 mm to 10.5 mm, associated with a posterior column deficit, pinhole foraminal stenosis, and lateral recess stenosis. On 6/12/12, behavioral health assessment noted

that the patient had responded well to individual counseling. The patient has requested coverage for L4/L5/S1 lumbar laminectomy, discectomy L5/S1 with PISF/AISF arthrodesis, length of stay two days (63030, 63035, 22612, 22851, 20938, 22840, 22325, and 22533).

The URA indicated that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested services. Specifically, the URA's initial denial stated that the records do not indicate significant instability at the L5-S1 level. On appeal, the URA indicated that MRI findings do not confirm nerve root compression. Per the URA, although there is evidence of a functional spinal unit collapse of 10.5 mm at L5-S1, lumbar flexion/extension x-rays indicate no significant intersegmental motion at L4-5 or L5-S1.

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

This patient presents with ongoing low back pain. Per Official Disability Guidelines (ODG) criteria for spinal fusion, there should be x-rays demonstrating spinal instability and/or myelogram, CT myelogram, or discography and MRI demonstrating disc pathology correlated with symptoms and examination findings. In this patient's case, there is a lack of information regarding the patient's instability confirmed by imaging studies, specifically at the L4-5 or L5-S1 level. Additionally, there are multiple levels of disc desiccation. Given the lack of information pertaining to the patient's significant clinical findings confirmed by imaging studies regarding instability in the lumbar region, and taking into account the multiple pain generators, the medical necessity of the requested services has not been established.

Therefore, I have determined the requested L4/L5/S1 lumbar laminectomy, discectomy L5/S1 with PISF/AISF arthrodesis, length of stay two days (63030, 63035, 22612, 22851, 20938, 22840, 22325, and 22533) are not medically necessary for treatment of the patient's medical condition.

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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN 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 JUDGMENT, 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)**