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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/11/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
inpatient L5-S1 anterior post fusion with bilateral L5-S1 laminectomy and ICBG with two (2) to three (3) day length of stay as related to the lumbar spine

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Orthopedic spine surgeon, practicing neurosurgeon

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[ ] Upheld (Agree)
[X] 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 the proposed inpatient L5-S1 anterior post fusion with bilateral L5-S1 laminectomy and ICBG with two (2) to three (3) day length of stay as related to the lumbar spine is indicated as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Notice of utilization review findings 08/21/12
Notice of utilization review findings 09/17/12
Preauthorization request 08/17/12
History and physical 07/06/12
MRI lumbar spine 10/31/11
CT lumbar spine 10/31/11
Office notes 03/22/12
Office note 03/27/12
Procedure report left lumbar transforaminal epidural steroid injection 03/15/12
EMG/NCV 11/09/11
Presurgical health behavioral evaluation 08/14/12
Rehabilitation progress note and reevaluation reports 10/20/11-03/21/12
Reconsideration preauthorization request
Carrier response to IRO 09/25/12

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a female who sustained a lifting injury to low back on 09/20/11. Records indicate she was helping lift furniture and experienced low back pain with left leg numbness and sometimes right leg. MRI lumbar spine on 10/31/11 revealed postoperative changes at L4-5 without significant nerve root displacement or stenosis. At L5-S1 there is a 4 mm predominately left paracentral disc protrusion and annular fissure with slight displacement of

left S1 nerve root but no significant stenosis. CT scan performed on same date reported postoperative changes at L4-5 with bony fusion across articular processes plus interbody bony bridging with good alignment and no definite stenosis. At L5-S1 there is a mild broad based posterior disc protrusion producing mild spinal stenosis. Electrodiagnostic testing on 11/09/11 revealed findings, which may suggest compressive nerve root irritation at S1 level bilaterally and compressive nerve root at right L5 level. The claimant was seen on 07/06/12 who noted the claimant tried non-operative treatment with physical therapy which did not help. The claimant was noted to have history of low back surgery in 1992, 1993, and 1994. She is noted to have post fusion in early 90's and ALIF for nonunion at L4-5. notes she now has adjacent segment HNP at L5-S1 that would require fusion and laminectomy. The claimant underwent presurgical behavioral evaluation on 08/14/12 and was determined to be appropriate candidate for proposed spinal surgery.

A request for inpatient L5-S1 anterior post fusion with bilateral L5-S1 laminectomy and ICBG with 2-3 day length of stay as related to lumbar spine was non-certified per utilization review dated 08/21/12. It was noted the claimant sustained injury to low back secondary to lifting. She has been treated with medications, physical therapy and epidural steroid injection and rest. She has back pain with left and right leg numbness with pain described as aching and shooting. She has had three previous back surgeries. It was noted that the claimant has been seen only one time. The ataxic gait, if it is ataxic has not been explained. found, in contrast to other exams, right gastrocsoleus weakness, but MRI notes L5-S1 disc mostly on the left. No significant disc protrusion at L4-5 was noted but there are sensory changes bilaterally. Reflexes are symmetrical. Therefore the clinical and radiographic findings do not correlate well. It was noted the injured worker the claimant does not meet indications for fusion. There is no instability demonstrated, all pain generators are not identified, and her pain is rather persistent that is inconsistent with mechanical back pain. Therefore medical necessity was not established.

A reconsideration request or previous non-authorization was reviewed on 09/17/12, and original decision was upheld recommending non-authorization. It was noted that the claimant was treated with therapy, medications and left lumbar transforaminal epidural steroid injection at L5-S1 on 03/15/12. Claimant treated between 03/22/12 and 03/27/12 for low back pain and leg pain. The examination showed spasm, pain radiating down the left leg to the bottom of the foot and a gait disorder. saw the claimant on 07/05/12 for complaints of low back pain for a year with left leg numbness and sometimes of the right leg. She had bilateral leg/foot numbness and tingling. Her symptoms were not helped with therapy. History was significant for diabetes and depression. Examination showed an ataxic gait, midline and paraspinal tenderness and decreased and/or painful motion. On the right lower extremity, gastrocsoleus strength was 4, sensation was decreased at S1 on the right, quadriceps reflex is 2+ and Achilles reflex 1+. Straight leg raise was positive on the right. On the left EHL and gastrocsoleus strength were 4, sensation was decreased at L5 and S1, quadriceps reflexes were 2+ and Achilles reflex 1+. Straight leg raise was positive on the left. stated that the claimant had adjacent segment herniated nucleus pulposus at L5-S1 that would require fusion and laminectomy. Pre-surgical health and behavioral evaluation on 08/14/12 stated she was an appropriate candidate for the proposed spinal surgery. Reviewer determined that the proposed surgical procedure is not medically indicated or appropriate for this claimant who has both lumbar and radicular complaints. She has previous lumbar surgeries with fusion and subsequent pseudoarthrosis that was treated. There is MRI evidence of a disc protrusion at L5-S1 with slight displacement to the left. Electrodiagnostics document right-sided radiculopathy and there are bilateral radicular complaints objectively. There's weakness but no documented evidence of instability, tumor or infection. It is unclear why decompression surgery is not being suggested. This is a complex anatomical situation. Physical therapy, medicine, epidural steroids were attempted as non-operative care and it is likely that decompression surgery is indicated; however, it is unclear why fusion is being recommended. The medical records documented did not demonstrate a clear indication to proceed with further surgery of the lumbar spine.

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

Claimant is noted to have sustained a lifting injury to the low back on 09/20/11. She has a remote history of previous lumbar surgery times three including previous L4-5 fusion with subsequent pseudoarthrosis and revision surgery. Claimant was noted to complain of low back pain and some left leg numbness and sometimes right leg. Imaging studies revealed post-operative changes at L4-5 with no significant nerve root displacement or stenosis. At L5-S1 there is a predominately left paracentral disc protrusion and annular fissure with slight displacement of left S1 nerve root but no significant stenosis. Records indicate the claimant was treated conservatively with medications, rest, physical therapy, and left L5-S1 transforaminal epidural steroid injection without resolution of symptoms. Claimant was cleared for surgical intervention per behavioral health evaluation dated 08/14/12. Based on the clinical information provided, it does appear the claimant has developed adjacent segment syndrome at L5-S1 below previously fused L4-5 level. Simple decompression of this adjacent level below the previously fused L4-5 level would likely result in iatrogenic instability, and therefore the reviewer finds the proposed inpatient L5-S1 anterior post fusion with bilateral L5-S1 laminectomy and ICBG with two (2) to three (3) day length of stay as related to the lumbar spine is indicated as medically necessary at this level.

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)