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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/17/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4/5-S1 Laminectomy with Discectomy and L5/S1 Fusion with Cages and Posterior Instrumentation with 2 Day Inpatient Stay

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 medical necessity is not established for the requested L4/5-S1 Laminectomy with Discectomy and L5/S1 Fusion with Cages and Posterior Instrumentation with 2 Day Inpatient Stay.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Surgery checklist undated
Radiographic report lumbar spine 2-3 views dated 01/22/10
Peer review report dated 01/01/11
MRI lumbar spine without contrast dated 03/24/11
Peer review report dated 04/24/11
New patient surgical consultation dated 05/22/12 and follow-up dated 09/18/12
MRI scan review dated 05/23/12
Individual psychotherapy progress notes sessions 1, 4, 5, and 6 dated 06/07/12-06/15/12
Presurgical consultation and behavioral assessment review dated 06/08/12
Utilization review determination dated 07/03/12(amended 08/1/12)
Utilization review determination dated 08/07/12
Radiographic report lumbar spine 4 views with lateral flexion / extension dated 08/30/12
Preauthorization request dated 09/20/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who is reported to have sustained work related injuries. She fell back but did not hit the ground. She reports injuring her left knee low back upper back and right shoulder. She was reported to have a history of a prior knee injury in 2006. Radiographs dated 01/22/10 note degenerative spurring from L3 through L5. The initial focus of the claimant's treatment was largely her knee pain. She further received treatment for the cervical spine. Records indicate that the claimant later came under the care of for low back pain a lumbar MRI showed a small L4-5 central disc herniation with bilateral facet arthropathy

causing mild central and neural foraminal stenosis. Records indicate a history of partial medial meniscus capsular repair and partial patellectomy for a patellar fracture on 04/09/06. The record includes an MRI of the lumbar spine dated 03/24/11. This study notes mild to moderate degrees of hypertrophic degenerative changes seen in the facets and the ligamentum flavum throughout the lumbar spine. At the L4-5 level there is a broad posterior disc bulge osteophyte complex there are moderate hypertrophic degenerative changes involving the facets and ligamentum flavum. There is some narrowing of the lateral recesses bilaterally.

She saw on 05/22/12. At this time she has complaints of back pain and bilateral leg pain worse on the right with shoulder pain referred from the neck. It is reported that she has failed conservative management of nearly two years which included an exercise program, medications, physical therapy, chiropractic care, chronic pain management, medication management, and epidural steroid injections. She is reported to have undergone EMG/NCV, which was not available for review. Radiographs of the lumbar spine to include flexion extension views are reported to reveal clinical instability at L5-S1 with functional spinal unit collapse. On physical examination it is reported she has positive spring test, interiliac crest line, positive sciatic notch tenderness bilaterally worse on the right, positive extensor lag, positive flip test bilaterally, positive Lasegue's on the right at 45 degrees, positive Braggard's on the right, equal symmetrical knee jerks, absent posterior tibial tendon jerks bilaterally, hypoactive ankle jerk on the right, paresthesias in the L5 and S1 nerve root distribution on the right with weakness of the gastrocnemius complex.

The record includes an MRI review in 05/23/12 in which opines there are non-contained disc herniations at L3-4 and L4-5 and notes that there is a recommendation for provocative discography.

The record includes a pre-operative psychiatric evaluation dated 06/08/12, which it is noted that the claimant has a Beck Depression Inventory of 39 and a BAI of 38 both of which are in the severe level. The claimant was recommended to continue medical treatment. It was opined that she was psychologically stable to undergo and benefit from a recommended surgical intervention. Records indicate that the claimant did undergo some individual psychotherapy.

The initial review was on 07/03/12 and subsequently amended on 08/01/12. notes that the patient has no validated spine fracture or spine instability to warrant the fusion procedures. He notes that there is no nerve root entrapment or progressive neurological deficit noted. He reports that there is peer review that identifies a general degenerative lumbar spine condition and that necessity for any operative intervention including a two level fusion lacks clinical and Official Disability Guidelines support.

A subsequent appeal request was performed or was reviewed on 08/07/12. non-certified the appeal request. In his review, he notes that there is a pending request for participation in a chronic pain management program. The request is apparently from a treating chiropractor. He reports that the claimant is a smoker and that there is no indication that the claimant has refrained from smoking prior to consideration of surgery. The finding of instability is not supported by the official radiology reports and adds that no other reviewers have seen any flexion or extension radiographs of the spine. He notes overall that there is no finding of gross instability at L5-S1.

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

The submitted clinical records indicate that the claimant has a history of low back pain with radiation into the lower extremities, which has been unremitting despite extensive conservative treatment. The claimant has no objective findings on imaging studies that would establish the presence of instability at the L4-5 or L5-S1 levels. It would further be noted that the claimant has undergone psychological evaluation and was found to have severe levels of depression and anxiety. Despite these findings the claimant was opined to be an appropriate surgical candidate. She is noted to have undergone individual psychotherapy; however,

there is no data reassessing the claimant's depression and anxiety to determine if there is been an improvement. And it is further noted that the claimant is a smoker and there's no indication that the claimant has participated in smoking cessation. The claimant's high levels of depression and anxiety which would make her a poor surgical candidate. There is an absence of instability at the requested operative levels.

There is a lack of an updated psychological clearance. The request does not meet Official Disability Guidelines criteria. The reviewer finds medical necessity is not established for the requested L4/5-S1 Laminectomy with Discectomy and L5/S1 Fusion with Cages and Posterior Instrumentation with 2 Day Inpatient Stay.

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)