



Notice of Independent Review Decision - WC

DATE OF REVIEW: 10/24/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Costotransversectomy with Discectomy and Instrumented Fusion and Possible Transforaminal Lumbar Interbody Fusion (TLIF) with Somatosensory Evoked Potentials at T12-L1
3 Day Inpatient Stay

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

Board Certified in Orthopedic Surgery

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 or not medical necessity exists for each of the health care services in dispute.

Costotransversectomy with Discectomy and Instrumented Fusion and Possible Transforaminal Lumbar Interbody Fusion with Somatosensory Evoked Potentials at T12-L1 – OVERTURNED

Three Day Inpatient Stay – OVERTURNED

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medicine Office/Clinic Note, Dr, 12/20/11, 12/27/11, 01/02/12, 04/04/12

Lumbar MRI, M.D., 12/29/11

DWC Form 73, M.D., 04/04/12

History and Physical, Neurosurgical Associates, 06/04/12

Notification of Determination, 07/31/12

Psychological Evaluation, Pain Solutions, 08/09/12

Notice of Reconsideration, 09/11/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient injured his back while in the operating room while at work in xx/xx . He had instant onset of back pain to the thoracolumbar junction. He had radicular leg pain, numbness and tingling, which was worse on the left, as compared to the right. The radicular component was greatest in the left L1, L2, but on occasion, “when it was real bad”, also present in L5 and S1. He had undergone epidural steroid injections (ESIs), the first of which had helped his leg symptoms, but not his back symptoms, for a “few weeks”. The second injection made him worse, and he tied the origin of his relative leg weakness to beginning “around the time” of the injection. He had been tried on several narcotics and muscle relaxants, all of which yielded minimal relief and made him feel poorly. An MRI in December of 2011 showed a large central disc herniation at T12-L1 with compression of the spinal cord and origin of the cauda equine. There was also kyphotic angulation at that disc level. Surgery was recommended. A psychological evaluation performed on 08/09/12 released the claimant for surgery.

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

The surgical procedure is medically necessary, as the patient does have a significant disc herniation at T12-L1, and per the findings noted by Dr. in his consultation of 06/04/12, the claimant did have findings supportive of his diagnoses of myelopathy and radiculopathy. With the second ESI actually worsening the patient’s symptoms with leg weakness occurring at the time of that injection, I do feel this patient has a red-flag type of issue; that being the myelopathy. In that case, the claimant's smoking issues are overridden by the myelopathy and the rationale to approach this large disc herniation. The approach would be a costotransversectomy which will destabilize the spine and thereby necessitate the fusion component and is medically reasonable. Therefore, the costotransversectomy with discectomy and instrumented fusion with a possible transforaminal lumbar interbody fusion is medically necessary, and is within ODG

criteria which indicates that when there is decompression that destabilizes the spine, then the fusion is necessary. The somatosensory-evoked potential at T12-L1 is indicated due to the significant mass effect of the lesion and, again, the ODG does support the use of somatosensory-evoked potentials at the time of this type of surgery. The three day inpatient stay is also therefore medically necessary and within ODG Guidelines.

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

- DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**