

C-IRO Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/09/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

inpatient anterior lumbar interbody fusion at L3-4 and L4-5 and posterior decompression and pedicle screw instrumentation to L3-4 and L4-5

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 inpatient anterior lumbar interbody fusion at L3-4 and L4-5 and posterior decompression and pedicle screw instrumentation to L3-4 and L4-5.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Physical therapy notes 12/27/11-01/05/12

Pain management notes 02/23/12-05/13/12

Clinical notes 12/09/11-01/16/12

MRI lumbar spine 01/12/12

Radiographs lumbar spine 05/09/12

Clinical notes 01/26/12 and 06/04/12

Prior reviews 07/03/12 and 08/22/12

Psychological evaluation 06/18/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury while lifting heavy equipment. The patient has been followed for complaints of low back pain that has not improved with physical therapy through 01/12. MRI of the lumbar spine on 01/12/12 revealed moderate disc space narrowing and disc desiccation at L3-4 with a large central disc protrusion contributing to severe central canal stenosis. There was complete effacement of the central cerebral spinal fluid at this level along with bilateral lateral recess stenosis. Moderate to severe disc space narrowing at L4-5 was noted with a small amount of fluid in the disc space. Type 2 modic end plate degenerative changes were noted contributing to mild foraminal narrowing bilaterally. Radiographs of the lumbar spine on 05/09/12 revealed disc space height loss at L4-5 and L5-S1 with no evidence of abnormal motion. Clinical evaluation with Dr. on 06/04/12 indicated the patient did not improve significantly with epidural steroid injections. The patient continued to complain of low back pain radiating to the right anterior thigh and

calf. Physical examination revealed loss of range of motion of the lumbar spine with mild weakness in the right anterior tibialis and extensor hallucis longus. The patient demonstrated antalgic gait and there was difficulty with heel walking. Sensory exam revealed hypesthesia in the L4 and L5 distributions to the right. The patient did undergo pre-surgical psychological evaluation on 06/18/12. The patient's mental status evaluation revealed a dysthymic mood with a slightly constricted affect. The patient scored a 42 on BDI testing indicating severe depression and a 13 indicating mild anxiety. The patient had maximized scores on FABQ testing for work and physical activity. The patient was stated not to have presented with any psychosocial stressors or uncontrolled severe depression or anxiety and was found to be an appropriate candidate for the proposed spinal surgery. The request for lumbar fusion at L3-4 and L4-5 was denied by utilization review on 07/03/12 as there were no clear objective findings consistent with lumbar radiculopathy and the patient did not complete an adequate trial of physical therapy to justify the need for surgical intervention. The request was again denied by utilization review on 08/22/12 as there were no imaging studies demonstrating lumbar instability and the patient was noted to have good responses to epidural steroid injections in April and May of 2012. There was no objective evidence of radiculopathy.

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

The patient has documentation of conservative treatment however it is clear that the patient did not reasonably exhaust conservative therapy. The patient was only seen for a brief period of time for physical therapy from December to January of 2012 and only completed five documented sessions. Current evidence based guidelines allow up to 10 sessions of physical therapy with more provided when patient had demonstrated functional improvement. Patient was noted to have improved with epidural steroid injections suggesting that chiropractic or conservative treatment was making functional gains for the patient. The clinical documentation does not establish the presence of any significant motion segment instability at the L3-4 or L4-5 level and there were no clear cut objective findings of radiculopathy that were consistent with MRI findings. The patient's psychological evaluation also demonstrated significantly elevated scores for depression and fear avoidance which questions the validity of the psychological evaluation opining that the claimant was an appropriate candidate for spinal surgery. Given the patient's significantly increased level of depression and significant elevated fear avoidance scores the patient would reasonably require further consideration for inpatient psychotherapy prior to considering surgical intervention based on Official Disability Guidelines indicating the patient should be refractory to all conservative care attempts prior to surgical intervention for lumbar fusion. As the clinical documentation provided for review does not meet guideline recommendations for the request. The reviewer finds medical necessity is not established for the requested inpatient anterior lumbar interbody fusion at L3-4 and L4-5 and posterior decompression and pedicle screw instrumentation to L3-4 and L4-5.

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)