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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Oct/19/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient Lumbar Laminectomy w/Fusion and Instrumentation L2-3 with LOS x 1, purchase of TLSO back brace and Bone Fusion Stimulator

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

Board Certified 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Urinalysis report 03/10/08

Discography report 08/09/06

Lumbar CT myelogram 07/12/06

Procedure notes 05/12/06 and 07/12/06

Second opinion evaluation Dr. 10/26/07

Amendment report Dr. 11/07/07

Independent review decision 06/18/09

Peer review 03/24/11

Operative reports 05/09/07-03/05/10

Radiographs lumbar spine 08/02/10-02/11/11

CT lumbar spine 01/29/08

CT myelogram lumbar spine 10/24/08

CT myelogram lumbar spine 03/22/11

Clinical notes Dr. 04/17/06-10/04/12

Prior reviews 03/26/09-09/12/12
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who sustained an injury in xxxx. The claimant developed severe low back pain radiating down the right lower extremity. The claimant is status post multiple surgical procedures to the lumbar spine to include decompressive laminectomy from L4 to S1 with fusion in 05/07. The claimant underwent an L3-4 laminectomy for the right in 03/08. Due to a recurrent disc herniation at L3-4, the claimant underwent L3-4 fusion as well as L3 through L5 posterolateral fusion on 03/05/10. CT myelogram study of the lumbar spine on 03/22/11 revealed prominent canal stenosis at L2-3 with impingement on the nerve roots at L2-3 bilaterally. CT studies also revealed moderate disc bulging at L2-3 with encroachment on the anterior aspect of the dural sac and neural foramina. Laminectomy changes at L2-3 were noted as well as degenerative changes of the facet joints. The claimant continued to have severe mechanical and mid lumbar pain. The claimant was continued on medications to include Norco, Flexeril, Motrin, and Ambien. The claimant was recommended for further surgery at L2-3. The claimant became progressively worse over time, having to utilize a cane walker for ambulation. The claimant reported increasingly severe numbness and dysthesia with weakness in lower extremities at the quadriceps and upper thighs. The claimant continued to use large amounts of medications to include Norco, Flexeril, Motrin, and Ambien. Clinical evaluation by Dr. on 10/04/12 stated the claimant has had persistent mid lumbar pain with radicular pain through lower extremities. The claimant was stated to have instability at L2-3. The claimant was stated to be psychologically stable and has failed all conservative treatments to include medication management and injections. The request for L2-3 laminectomy and fusion with purchase of TLSO back brace and bone fusion stimulator was denied by utilization review on 08/09/12 as there was no evidence of instability and limited documentation regarding conservative treatment. Psychological evaluations were also not submitted. The request was again denied by utilization review on 09/12/12 as there was no indication of any psychological screens and no evidence of instability at L2-3.

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

The request for L2-3 laminectomy and fusion with instrumentation, one-day length of stay, purchase of TLSO back brace, and fusion stimulator is recommended as medically necessary based on the clinical documentation provided for review. The claimant has continued to have severe intractable low back pain and lower extremity pain despite conservative treatment to include epidural steroid injections and multitudes of medications. The claimant's most recent physical examination descriptions are consistent with neurogenic claudication as the claimant is unable to walk for any significant distance without significant pain. Significant pathology at L2-3 was noted to include a recurrent disc herniation and wide laminectomy changes to the right. There was severe canal stenosis as well as predominant prominent foraminal stenosis reasonably contributing to the claimant's low back and radiating pain. As the claimant has undergone prior lumbar fusion procedures, psychological screening would not reasonably be indicated. As the claimant has completely failed all conservative treatment and has significant degenerative disc disease and recurrent disc herniations at L2-3 with prior surgical changes, lumbar repeat laminectomy with fusion would be indicated at this point in time due to potential instability at L2-3. Per the guidelines, the claimant would require two to three day length of stay to rule out any post-operative complications to include infection or hardware failure. Given the claimant's extensive fusion procedures to date, a TLSO back brace would be appropriate and standard of care. Additionally, as the claimant will be undergoing extensive fusion procedures and has undergone prior multilevel fusion, a bone fusion stimulator would also be indicated as reasonable and necessary. As such, the prior determinations are overturned.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES