

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Nov/26/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Two day inpatient stay for lumbar L2-4 hardware removal and replacement with interbody lumbar fusion

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

Board Certified Neurosurgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Functional capacity evaluation dated 11/02/04
Postoperative consult report dated 03/28/04
Lumbar discography report dated 02/02/00
Post-discogram CT of the lumbar spine dated 02/02/00
MRI of the lumbar spine dated 12/05/03
Lumbar discography report dated 01/13/04
Post-discogram CT of the lumbar spine dated 01/13/04
Clinical report dated 02/22/11
Letter dated 12/21/00
Clinical reports dated 02/03/03 – 10/04/10
Clinical report dated 11/29/10
Clinical report dated 01/31/11
Procedure note dated 12/09/11
Procedure note dated 12/29/09
Procedure note dictated 04/18/08
Procedure note dictated 10/21/08
Procedure note dated 10/13/09
Procedure note dated 12/29/09
Procedure note dated 06/10/10
Procedure note dated 01/05/11
Procedure note dated 01/12/11
Post-procedure pain log dated 12/09/11
Operative report dated 03/25/04
Clinical report dated 11/06/12

Clinical report dated 06/26/13
Clinical report dated 07/11/13
MRI of the lumbar spine dated 08/17/13
Clinical report dated 08/21/13
CT of the lumbar spine dated 09/19/13
Behavioral health report dated 09/13/13
Clinical report dated 10/02/13
Prospective IRO review response dated 11/09/13
Prior utilization reports dated 10/17/13 & 10/28/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who originally sustained an injury on xx/xx/xx. No specific mechanism of injury was noted. The patient is status post anterior lumbar interbody fusion from L4 to S1 with posterolateral fusion with instrumentation from L4 to S1 performed in May of 2004. Postoperatively, the patient had continuing chronic low back pain and the patient did undergo multiple injection procedures as well as medial branch blocks followed by a lumbar rhizotomy. As of November of 2012, the patient was felt to have no hardware complications. report. The patient saw again on 06/26/13 for complaints of progressing low back pain. Radiographs from this visit were stated to show solid interbody fusion from L4 to S1. report indicated that there was 5mm of anterolisthesis at L3-4 with reduction of the anterolisthesis on extension. There was also significant collapse at L2-3 with an abnormal rotary instability. The patient was seen on 07/11/13 with complaints of ongoing low back pain radiating to the buttocks bilaterally. The patient did report some temporary improvement with the last rhizotomy procedures for the lumbar spine. Physical examination demonstrated a slow gait with muscle spasms bilaterally in the paravertebral musculature. The patient reported severe pain with lumbar extension and there was mild weakness present at the bilateral psoas and extensor hallucis longus. Updated MRI studies were recommended and performed on 08/17/13. The study identified a mild 2mm retrolisthesis of L3 on L4. At L2-3, there was severe loss of the disc height with disc desiccation and a large disc bulge present combined with facet hypertrophy mild effacing the CSF space surrounding the descending nerve roots. Mild narrowing of the neuroforamina was noted. At L3-4, there was disc desiccation and a moderate diffused disc bulge with a focal annular tear and facet hypertrophy. These findings effaced the CSF space around the descending nerve roots resulting in mild to moderate canal stenosis with mild to moderate narrowing of the right neuroforamina. recommended stabilization at L2-3 and L3-4 from a lateral approach with interbody constructs. did recommend further CT studies of the lumbar spine to rule out any pseudoarthrosis. CT of the lumbar spine completed on 09/13/13 identified decreased disc height and vacuum disc phenomenon at L2-3 with shallow disc bulging flattening the thecal sac. Mild foraminal stenosis was present. At L3-4, there was flattening of the thecal sac with mild to moderate canal stenosis and mild foraminal stenosis. At L5-S1, there was no definitive osseous bridging seen within the inferior end plate at L5. No central canal or foraminal stenosis was seen from L4 to S1. The patient was still felt to be a good psychological candidate for revision lumbar fusion procedures on 09/13/13. Follow up on 10/02/13 stated that the patient continued to have complaints of pain in the low back as well as the posterior thighs and calves bilaterally. The patient also reported persistent numbness and tingling at the hips. Physical examination demonstrated a slow but stable gait. There was continued tenderness to palpation in the lumbar spine. The patient was again recommended for removal of the hardware from L4 to S1 with replacement of new screws from L5 to S1 and a new interbody construct at L2-3 and L3-4.

The surgical request was denied by utilization review as there was no direct correlation of clinical findings to the imaging studies and no objective focal neurologic deficits were documented.

The request was again denied by utilization review on 10/28/13 as there were no focal neurological deficits and no clear cut information regarding instability from L2 to L4.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND

CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient has been followed for ongoing chronic low back pain radiating to the thighs and calves following a 2 level interbody and posterolateral fusion from L4 to S1 performed in 2004. The patient has had temporary benefits from medial branch blocks as well as lumbar rhizotomy. The most recent imaging studies did show evidence of a possible pseudoarthrosis at L5-S1 as well as adjacent level disease at L2-3 and L3-4 with mild compression of the nerve roots at both levels. There was disc space loss at L2-3 present and a mild amount of retrolisthesis noted at L3-4. The patient was recommended for removal and replacement of the hardware at L5-S1 with a 2 level direct lateral interbody fusion at L2-3 and L3-4 to address the patient's persistent low back and lower extremity symptoms. No neurological deficits were identified and the patient was felt to be a good psychological candidate for surgical intervention based on report from September of 2013. Given the severity of the adjacent segment disc disease at L3-4 and L2-3 that is reasonably contributing to the patient's ongoing low back pain and radiating pain to the lower extremities as well as the evidence of pseudoarthrosis at L5-S1, the patient would not reasonably improve with further non-operative management to address the nerve root compression at L2-3 and L3-4. Therefore, it is this reviewer's opinion that the proposed lateral interbody fusion at L2-3 and L3-4 with hardware removal and placement of new hardware at L5-S1 is medically necessary. As such, the prior denials are overturned.

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)