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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/16/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: removal of the hardware of the lumbar spine at Right L2 and laminectomy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Neurological Surgery

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[ ] Upheld (Agree)
[X] 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. It is the opinion of this reviewer that medical necessity for the proposed removal of the hardware of the lumbar spine at Right L2 and laminectomy is established

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Clinical records from Orthopedic Center 07/30/07-11/20/12
Operative report 11/27/12
Radiographs lumbar spine 11/27/12
Clinical record 12/12/12
Clinical record 01/09/13
Clinical record 01/16/13
Clinical record 03/06/13
Clinical record 04/24/13
Radiographs lumbar spine 04/03/13
Clinical record 05/16/13
Clinical record 06/13/13
Clinical record 07/03/13
Clinical record 07/11/13
Clinical record 07/19/13
Clinical record 08/08/13
Clinical record 09/12/13
Procedure reports 01/23/08-01/09/12
Electrodiagnostic studies 09/12/07
CT myelogram lumbar spine 09/17/07
MRI lumbar spine 12/14/10
Electrodiagnostic studies 12/14/11
MRI lumbar spine 03/01/12
CT myelogram lumbar spine 08/26/13
Appeal letters 07/30/13 and 08/26/13

Prior reviews 08/14/13 and 09/11/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who sustained an injury on xx/xx/xx. No specifics regarding the mechanism of injury were noted. The patient underwent a recent lumbar laminectomy with decompression at L2-3 and L3-4 with posterolateral fusion from L2 to L4 with removal of the prior hardware at L4-5 on 11/27/12. Post-operatively the patient had an improvement in lower extremity pain and associated weakness. The patient was utilizing a post-operative lumbar brace. The patient had elevated levels of pain on 03/06/13 that were not being controlled with Lortab. Physical examination demonstrated tenderness to palpation along the incision and hip graft site to the right. There continued to be loss of lumbar range of motion.
The patient was prescribed Percocet and Ambien at this visit. The use of Percocet did not reduce the pain levels and there continued to be pain along the iliac crest graft site and tenderness over the lumbar paraspinals. The patient underwent trigger point injections on 04/24/13. Radiographs of the lumbar spine from 04/03/13 showed consolidating fusion from L2 to L4 with intact appearing hardware. Additional trigger point injections were done on 05/16/13. The clinical record from 07/03/13 indicated that there was loosening of the L2 right pedicle screw with a lytic area. The patient was felt to be fusing appropriately posterolaterally. CT myelogram of the lumbar spine on 08/26/13 showed a zone of radio lucency to the right at L2 surrounding the screw suggesting possible loosening or infection. The right pedicle screw appeared to have sufficient purchase. Continuing facet arthrosis was noted at L2-3 with severe neural foraminal encroachment. No other hardware complications were identified and the hardware from L4 to S1 appeared to be in good position. Follow up on 09/12/13 stated that the patient continued to have complaints of low back pain radiating into the lower right lower extremity. This was somewhat controlled with the use of narcotic medications including oxycodone. Physical examination showed intact strength in the lower extremities. Range of motion continued to be limited in the lumbar spine with tenderness along the paraspinals from L3 to L5. There was also pain over the iliac crest harvest site. The patient was prescribed gabapentin at this visit and recommended for topical compounded medication. The request for hardware removal to the right at L2 with laminectomy was denied by utilization review on 08/14/13 as there was no evidence from CT or MRI showing loosening of the screw or evidence of neural impingement. The request was again denied by utilization review on 09/11/13 due to the lack of radiology reports identifying lucency or instability.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient continued to report complaints of low back pain radiating to the right lower extremity. The most recent CT myelogram studies of the lumbar spine clearly showed lucency of the right L2 pedicle screw consistent with possible loosening or infection. Furthermore at the L2-3 level there was severe bilateral neural foraminal encroachment that is likely reproducing the right lower extremity pain. Given the lucency at the hardware suggesting complications of the screw itself and as the patient continued to be symptomatic despite an extensive amount of medication management this reviewer would recommend that the right L2 pedicle screw be addressed via hardware removal. Lumbar laminectomy would also be needed at L2-3 to relieve the neural foraminal stenosis on imaging. These procedures would be reasonable and necessary based on the updated imaging studies which clearly show the lucency to the right at L2. This addresses the prior reviewer concerns regarding lack of imaging findings. As such it is the opinion of this reviewer that medical necessity for the proposed removal of the hardware of the lumbar spine at Right L2 and laminectomy is established and 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

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

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)