

Independent Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Apr/16/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

3 day inpatient hospital stay with redo decompression L5/S1 right side anterior posterior fusion, post op back brace L5/S1

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

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)

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who initially sustained an injury on xx/xx/xx. The patient was status post L4-5 and L4 through S1 partial laminectomies of the right followed by decompression of the L4-5 and L5-S1 nerve roots on 11/14/11. The patient was seen on 04/05/12 for complaints of ongoing low back pain. The patient was recommended for medication management including Lyrica. The patient returned on 12/27/12 with ongoing complaints of low back pain radiating to the right lower extremity. Physical examination revealed weakness on right foot eversion as compared to the left. No sensory deficits or reflex changes were

noted. The patient was recommended for epidural steroid injections which were performed from L4 to S1 on 01/16/13. Follow up on 01/24/13 indicated that the patient had minor improvements from the epidural steroid injections; however, the patient continued to report residual pain and numbness in the right lower extremity. Physical examination revealed an antalgic gait with motor inhibition secondary to pain in the right lower extremity. Diminished sensation in L5 dermatomal area was reported. Additional epidural steroid injections were recommended. A CT study on 02/04/13 was reported. The study was stated to show a fusion of the L5-S1 intraarticular facet with degenerative changes of the left L5 facet. The patient was recommended for a revision decompression at L5-S1 to the right followed by lumbar fusion to fully fuse the facet joints at that level. CT myelogram studies on 02/20/13 identified facet arthrosis at L5-S1 with the right facet appearing fused. No central canal or lateral recess stenosis was identified. There was mild to moderate right and mild left neural foraminal stenosis. Electrodiagnostic studies on 02/21/13 identified a chronic right L5 nerve root irritation consistent with radiculopathy. The patient was again recommended for lumbar decompression at L5-S1 followed by lumbar fusion. The request for revision decompression at L5-S1 followed by lumbar fusion with three day inpatient stay and a post-operative back brace was denied by utilization review on 02/15/13 as the clinical documentation did not establish full exhaustion of conservative treatment including oral medications or physical therapy. There was no evidence of significant nerve root impingement or evidence of instability on imaging and there was no pre-surgical screening. The request was again denied by utilization review on 03/11/13 as no psychological screening was provided and there was no documentation regarding failure of conservative treatment.

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

The patient has had continued right sided low back and right lower extremity pain despite the use of neuromodulating medications such as Lyrica or an epidural steroid injection. It is unclear to what extent the patient has attended any post-operative physical therapy or any more recent physical therapy in 2013. Objective findings are consistent with a right sided L5-S1 radiculopathy based on imaging findings as well as based on electrodiagnostic studies as well as physical examination. Imaging revealed mild to moderate right neural foraminal narrowing with no evidence of clear nerve root impingement. There is no documentation regarding psychological evaluation as required by current evidence based guidelines to effectively ensure that the patient has a reasonable expectation for post-operative outcomes and rules out any confounding issues that may impact post-operative recovery. As the clinical documentation does not meet guideline recommendations for the requested services in regards to surgery, it is the opinion of this reviewer that medical necessity for the surgical request is not established. Additionally, as the patient has only been recommended for a single level fusion, a post-operative back brace would not be reasonable or medically necessary per current evidence based guidelines. As the clinical documentation submitted for review does not meet guideline recommendations for the requested services, it is the opinion of this reviewer that medical necessity is not established and the prior denial is upheld.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES