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Notice of Independent Review Decision

**[Date notice sent to all parties]:**

**03/26/2013**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

IP Lumbar region back pain

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

Board Certified Orthopedic Spine Surgeon, Practicing Neurosurgeon

**REVIEW OUTCOME:**

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

Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Clinical record 10/05/12  
Operative report 11/29/12  
Clinical record 12/14/12-02/15/13  
Addendum 12/27/12  
Operative report 01/28/13  
Emergency room reports 02/02/13  
History and physical 02/02/13  
Discharge summary 02/05/13

Prior reviews 02/07/13 and 02/22/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who was followed for ongoing complaints of chronic low back pain. The patient had notable surgical history including prior laminectomies and lumbar fusion. The patient also had spinal cord stimulator implanted in 2007 which was explanted in 09/12. The patient completed a recent IDDS pump trial which resulted in 60% relief of symptoms. The patient underwent permanent IDDS pump on 11/29/12. Post-operatively, the patient developed a seroma at the implantation site which underwent an exploration with cultures taken on 01/24/13. The patient presented to the emergency room with progressive groin pain and numbness and with progressive pain in the low back with groin numbness. Per the neurosurgical examination on 02/02/13, the patient had had prior experiences with cauda equina syndrome. The patient reported three weeks of worsening radicular pain and groin numbness primarily to the left side. No clear bowel or bladder incontinence was reported by the patient. Physical examination revealed intact strength in the lower extremities with exception of the left dorsiflexion and plantarflexion. This had been persistent since 2005. There was decreased sensation in the bottom of the left foot and anterior and right anterolateral thigh which had also been present. There was decreased sensation in the left inguinal, scrotal, and penile regions which had been present for approximately three weeks. The patient was recommended for CT myelogram studies and CT scans of the lumbar spine were limited due to artifacts. CT myelogram studies showed minimal central canal stenosis and moderate amount of bilateral neural foraminal stenosis. The patient was discharged on 02/05/13 after an improvement in symptoms. The inpatient stay from 02/02/13 to 02/05/13 was denied by utilization review on 02/07/13 as there was a lack of sufficient clinical information to support medical necessity for the inpatient stay. Inpatient stay was again denied on utilization review on 02/22/13, however. The opinion of the prior reviewer was not provided.

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

Based on the clinical documentation provided for review, the patient was admitted for inpatient stay on 02/02/13 due to three weeks of progressive groin and low back pain and groin numbness. From the clinical documentation provided for review, the patient reasonably required a single day of inpatient from 02/02/13 to 02/03/13 to provide pain control for the patient and perform diagnostic evaluations to determine the extent of any severe canal stenosis that would reasonably explain the increase in groin symptoms. CT myelogram studies showed no evidence of significant lesions in the lumbar spine. As such, discharge would have been appropriate on 02/03/13. Therefore, the patient did not require ongoing inpatient from 02/04/13 through 02/05/13. In the opinion of this reviewer, discharge for the patient was reasonable and necessary on 02/03/13 and the patient did not require ongoing inpatient stay from 02/04/13 through 02/05/13.

**IRO REVIEWER REPORT TEMPLATE -WC**

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**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**

Official Disability Guidelines, Online Version, Low Back Chapter

Not recommended for low back pain in the absence of major trauma (i.e., acute spinal fracture, spinal cord injury, or nerve root injury), acute or progressive neurologic deficit, or the patient's inability to manage basic ADLs at home and alternative placement in a Skilled Nursing Facility is not available or appropriate. These recommendations are based on medical practice and are consistent with other evidence-based guidelines.

**Criteria for Hospital Admissions:**

I. Acute Major Back Trauma is Suspected: Back injury occurred within the past 7 days; & Major trauma was sustained (e.g., fall from a height or back crushed by heavy object); & Examining physician documents or suspects acute spinal fracture, spinal cord injury, or nerve root injury. *Hospital Admission Criteria*: May be individualized.

II. Acute Major Back Trauma Not Suspected; Patient Has Neurologic Findings Suspected to be Acute or Progressive: No history of recent major injury; & Patient complains of symptoms suggesting acute or progressive neurologic deficit [typically these include: (1) progressive weakness or numbness in one leg (and occasionally both legs), or (2) loss of control of bowel or bladder function, or (3) progressive numbness in the perineal region]; & The examining physician indicates that the patient has (or probably has) an acute or progressive neurologic deficit. *Hospital Admission Criteria*: If a patient has a new or progressive neurologic deficit, he/she may be hospitalized in order to facilitate surgical decision-making, to provide close observation of further progression, or to help

the patient compensate for neurological deficits (e.g., to determine whether the patient needs to learn intermittent catheterization). If a patient does NOT have a new or progressive neurologic deficit, the only valid reason for hospitalization is that he/she cannot manage basic ADLs at home. Duration of hospitalization should be brief. The great majority of these patients who are admitted to a hospital can be discharged in 1 to 3 days (if spine surgery is not performed). Prolonged bed rest usually does more harm than good in a patient with low back pain. Admission for the purpose of bed rest is not acceptable.

III. Acute Major Back Trauma Not Suspected; Patient Has Back Pain without Evidence of Acute or Progressive Neurologic Findings: No history of recent major trauma; & Patient complains of back pain with or without symptoms in the legs (occasionally patients will complain mainly of symptoms in the legs but the evaluating physician concludes that symptoms are not caused by lumbar radiculopathy); & No evidence of acute or progressive neurologic deficit. Hospital Admission Criteria: The primary valid reason for hospitalizing these patients is that they cannot manage basic ADLs at home. Example, the patient lives alone and is unable to get to the bathroom. If a patient is admitted through the emergency department, the decision to admit should be made with the concurrence of the attending physician, unless the attending physician cannot be reached. Duration of hospitalization should be brief. The great majority of these patients who are admitted to a hospital can be discharged in less than 24 hours. Admission for the purpose of bed rest or traction alone is not acceptable. The need for parenteral narcotics is a valid admission criteria. A patient should not be admitted to a hospital that does not have the capacity to assess ADLs, develop a treatment plan, and provide physical therapy within the first 24 hours. For hospital LOS after admission criteria are met, see [Hospital length of stay](#) (LOS).