

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jul/31/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L5-S1 360 degree fusion with bilateral L5-S1 laminectomies

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

Clinical notes dated 10/18/10 – 07/18/13

MRI of the lumbar spine dated 07/01/10

Operative reports dated 07/17/12, 07/31/12, and 09/18/12

MRI of the lumbar spine dated 01/20/13

Presurgical behavioral health evaluation dated 02/21/13

Operative note dated 04/29/13

X-ray of the lumbar spine dated 06/12/13

Previous utilization reviews dated 06/27/13 & 07/08/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury regarding his low back. The clinical note dated 10/18/10 details the patient complaining of low back and right lower extremity pain. The note does detail the patient having completed 2 rounds of chiropractic therapy. No pain was located at the left side of the low back or the left lower extremity. Pain was noted in the central portion of the calf muscle on the right lower extremity. The operative report dated 07/17/12 details the patient undergoing an epidural steroid injection at L5-S1. The operative report dated 07/31/12 details the patient undergoing a 2nd epidural injection at L5-S1. The operative report dated 09/18/12 details the patient undergoing a 3rd epidural injection at L5-S1. The MRI of the lumbar spine dated 01/10/13 revealed a 3.3mm annular disc bulge with moderate bilateral ligamentum flavum and facet joint hypertrophy. Severe bilateral lateral recess and moderate bilateral neural foramina stenosis was noted. The disc was noted to be

contacting the bilateral S1 dorsal nerve root ganglia in the bilateral descending L5 nerve root. No central canal stenosis was noted. The behavioral evaluation completed on 02/21/13 details the patient being endorsed for a surgical intervention. The patient demonstrated no contraindications to a surgery. The clinical note dated 04/29/13 details the patient undergoing a bilateral L3, L4, and L5 medial branch radiofrequency rhizotomy under fluoroscopic guidance. The clinical note dated 05/10/13 details the patient presenting for a follow up regarding the rhizotomy. The patient reported 80% improvement with his low back pain. Upon exam, the patient's lumbar spine alignment was noted to be intact. Moderate restrictions were noted with the patient's lumbar motion with flexion, extension, rotation, and side bending. Marked limitation was noted with insufficient spinal mobility throughout the lumbar spine. The note does detail the patient utilizing Norco for ongoing pain relief. The clinical note dated 05/23/13 details the patient being recommended for a surgical intervention of the lumbar region. The patient continued with 6/10 pain. The note does detail the patient continuing with the use of Hydrocodone for ongoing pain relief. The patient was recommended for a bilateral facetectomy, decompression, and fusion at L5-S1. The x-rays of the lumbar spine dated 06/12/13 revealed multi-level lumbar spondylosis with the alignment appearing stable on flexion and extension views. The clinical note dated 06/18/13 details the patient continuing with 5/10 pain. No strength deficits were noted. Reflexes appeared to be intact. The clinical note dated 07/18/13 details the patient showing no neurologic involvement with 5/5 strength throughout the lower extremities and intact reflexes.

The previous utilization review dated 06/27/13 resulted in a denial for the proposed surgical procedure secondary to a lack of pathology indicated by clinical exam and confirmed by imaging studies.

The previous utilization review dated 07/08/13 for the proposed surgical procedure involving a bilateral laminectomy, decompression, and fusion at the L5-S1 resulted in a denial as the patient's medical records did not indicate a neural arch defect, segmental instability, or primary mechanical back pain with a functional spinal unit failure or instability.

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

The documentation submitted for review elaborates the patient complaining of a long history of ongoing low back pain. The Official Disability Guidelines recommend a laminectomy provided the patient meets specific criteria to include significant weakness or pain noted in the appropriate distribution, imaging studies confirm the patient's nerve root compression or lateral recess stenosis, and the patient is noted to have completed all conservative measures. The recent clinical notes do detail the patient showing no strength deficits in the lower extremities. However, radiating pain is noted into the right lower extremity to the foot. Additionally, numbness and tingling were also noted. The imaging studies completed on 01/10/13 specifically revealed severe bilateral lateral recess stenosis at the L5-S1 level. The patient is noted to have previously undergone a number of injections as well as chiropractic therapy. Given the significant findings indicating bilateral recess stenosis at the L5-S1 level, the patient may benefit from a decompression. However, the need for the 360 fusion is not indicated. No information was submitted regarding any instability. Given that no information was submitted confirming the patient's need for a 360 fusion, this request is not indicated as medically necessary. As such, it is the opinion of the reviewer that the request for an L5-S1 360 degree fusion with bilateral L5-S1 laminectomies is not recommended as medically necessary.

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)