

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Feb/01/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4-S1 Mini 360 and Decompression; Length of Stay 2 days

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

Board Certified Orthopedic Surgery

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
Behavioral evaluation work hardening program 06/14/12
Functional capacity evaluation 06/13/12
Return to work proposal undated
Treatment goals for work hardening undated
MRI lumbar spine 02/29/12
Clinical note Dr., DC 04/03/12
Clinical records Dr. 05/03/12-07/30/12
Procedure report 05/22/12
Procedure report 07/18/12
Clinical notes Dr. 05/24/12-09/19/12
Pre-surgical behavioral assessment 11/15/12
Prior reviews 12/05/12 and 01/16/13
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx maneuvering a piece of equipment. The patient developed low back pain and MRI of the lumbar spine on 02/29/12 revealed loss of disc signal intensity at L4-5 with canal narrowing secondary to ligamentum flavum thickening. Loss of disc signal at L5-S1 was noted with a high signal intensity zone in the posterior aspect of the annulus secondary to fissuring or tearing. A subtle focal disc protrusion was noted impinging on the thecal sac with slight narrowing of the spinal canal.

No neural foraminal stenosis was noted. The vertebral body heights were well maintained. The patient was recommended for a work hardening program in 06/12, however. It was unclear if the patient attended any work hardening program sessions. The patient underwent epidural steroid injections caudally on 05/22/12 and 07/18/12 and was seen by Dr. on 05/24/12 with complaints of ongoing low back pain radiating to the right lower extremity. Physical examination at that visit revealed no neurological findings. There was pain and tenderness in the L4-5 and L5-S1 regions. Radiographs showed no instability in the lumbar spine. The patient reported temporary benefits with epidural steroid injections from the initial steroid injection in 05/12, however. Follow up on 09/19/12 indicated that the patient had no response to the July epidural steroid injections. The patient continued to report low back pain radiating to the lower extremities and was recommended for L4-5 and L5-S1 lumbar fusion. The patient underwent a pre-surgical behavioral assessment on 11/15/12 which identified a BDI score of 37 and a BAI of 31 indicating moderate to severe anxiety and depression. MMPI2 finding scores indicated consistent findings with relatively high chronic pain. The patient reported findings in the high risk category for abusing narcotic pain medications. There was no clear conclusion regarding suitability for lumbar fusion procedures. The request for 360 degree lumbar fusion from L4 to S1 with a two day inpatient stay was denied by utilization review on 12/05/12 as there was no evidence of significant disc space collapse or motion segment instability at the indicated levels to support a lumbar fusion per guideline recommendations. The report also indicated that there was no opinion regarding suitability for lumbar fusion procedures and the presence of significant depression and anxiety symptoms along with endorsements for narcotic medication abuse. The request was again denied by utilization review on 01/16/13 as there was no recent and comprehensive physical examination and there was no updated imaging or electrodiagnostic evidence of neurocompression.

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

The request for a 360 degree lumbar fusion at L4-5 and L5-S1 with a two day inpatient stay is not recommended as medically necessary based on the clinical documentation provided for review and current evidence based guidelines. The patient has ongoing complaints of low back pain radiating to the lower extremities, however. There are no updated physical examination findings demonstrating neurological deficits that would indicate the presence of radiculopathy. No clear nerve root impingement or severe canal stenosis was noted on the provided MRI study, and no updated imaging or electrodiagnostic studies were submitted for review. The imaging studies did not reveal any evidence of motion segment instability or significant disc space collapse that would warrant lumbar fusion. Additionally, the provided psychological evaluation had endorsements for narcotic medication abuse as well as significant depression and anxiety symptoms. There was no clear opinion regarding suitability for lumbar fusion surgery. As the clinical documentation provided for review does not meet guideline recommendations for the requested services, medical necessity is not established at this time.

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