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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Feb/1/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior L4-5 Discectomy and Interbody Fusion, Posterior Percutaneous L4-S1 Instrumentation with inpatient stay X 5 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
Request for IRO 01/18/13
Receipt of request for IRO 01/21/13
Utilization review determination 12/20/12
Utilization review determination 01/15/13
Medical records reviewed operative report 07/04/12
Operative report 07/06/12
Pathology reports 07/04/12 and 07/06/12
Clinical notes Dr. 07/30/12-11/29/12
MRI lumbar spine 08/09/12
MRI thoracic spine 08/09/12
MRI lumbar spine 11/29/12
Behavioral medicine evaluation 12/07/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was reported to have sustained work related injuries on xx/xx/xx when he was apparently moving a washing machine when he fell down some stairs and was subsequently pinned by it. He was transported to the emergency department where he was identified as having two large disc herniations and it was reported that the claimant was in bed for a period of two days and was unable to be mobilized so an emergent decompression was performed on 07/04/12. At this time, the claimant underwent posterior bilateral L4-5 and

L5-S1 laminectomies and decompressions and discectomies. Post-operatively, the claimant was provided inpatient physical therapy during his visits and it was reported that he felt a pop and had immediate pain with radiation into the lower extremities. The claimant was returned to surgery by Dr. who performed a repeat laminotomy at L4-5 with at L4-5 and L5-S1 with repeat discectomies at L4-5 and L5-S1 and the claimant was ultimately discharged.

On 08/09/12, the claimant was referred for MRI of the lumbar spine which was compared to a study from 07/06/12 which noted significant enhancement of the nerve roots within the thecal sac with possible arachnoiditis and post-surgical changes at L4-5 and L5-S1 which was not significantly different compared to the exam of 07/06/12 and the record included an MRI dated MRI of the thoracic spine dated 08/09/12 which noted multilevel degenerative changes and was not germane to discussion.

On 08/22/12, the claimant was seen in follow up and presented with back pain leg and foot numbness. He reported improvement in certain areas with a change in pain in other areas. On physical examination, he was reported to be alert sitting comfortably and was noted to be 5'9" tall and weigh 302 pounds and his incisions were well healed and he had no signs of infection and he was reported to have a left EHL strength of 1/5 anterior tibialis strength of 3/5 and a right EHL graded 4/5 and sensation was reported to be decreased in the left lower extremity lateral dermatome with mild decreased sensation over the right lateral calf and the claimant was subsequently initiated on physical therapy three times a week for six weeks.

On 08/30/12, the claimant was seen in follow up. He was slowly and steadily improving. The claimant was ready to proceed with an aggressive physical therapy program and was reported to have improvement in his bowel and bladder dysfunction and was utilizing a cane. Dr. noted that it would be unlikely that the claimant would ever be able to return to manual labor. The claimant was continued in physical therapy and may perform sedentary level work. The claimant was seen in follow up on 10/04/12, at which time he was reported to be doing extremely well and he was taking no medications for his condition. He had been attending physical therapy two times a week with significant improvement in his motor recovery. He reported bowel and bladder issues had resolved and there were no further findings. On physical examination, his left tibialis anterior was graded as 5-/5 left EHL 3/5 and right 4/5 and he was noted to be hyperreflexic with one beat of clonus on the left and he was continued in physical therapy.

On 11/27/12, the claimant was seen in follow up. It was noted that he had returned to work and on 11/23/12 and there was a fire drill. He went up and down stairs due to the elevator being out. He reports a pop in his back with immediate return of the paresthesias in his bilateral legs. He reports worsening weakness in his right lower extremity. His preoperative lower extremity weakness has remained stable. The claimant was reinstated on oral medications and referred for MRI.

On 11/29/12 a repeat MRI of the lumbar spine was performed. At L2-3 there is a 2-3 mm annular bulge identified with impression on the anterior aspect of the thecal sac. The AP diameter of the canal is 9 mm. At L3-4 there is a 2-3 mm annular bulge with impression on the anterior thecal sac. The AP diameter of the spinal canal is 9 mm. At L4-5, there are bilateral laminectomies. There is enhancement noted within the anterior aspect of the spinal canal, more prominent along the left anterior aspect of the spinal canal deforming the left side of the thecal sac. This appears more prominent and with mass effect than normally expected. A tiny focal central disc fragment with surrounding granulation tissue should be considered. There is enhancement of the surrounding lateral and posterior aspect of the thecal sac, most likely representing granulation tissue. The neural foramina are normal in caliber. At L5-S1 there are bilateral laminectomies previously performed at this level. There is permanent contrast enhancement noted throughout the spinal canal surrounding the thecal sac particularly within the left anterior aspect of the thecal sac with some deformity of the thecal sac, most likely representing granulation tissue with small overlying osteophytes. The neural foramina are normal in caliber. The overall impression is status post bilateral laminectomies at L4-5 and L5-S1; evidence of granulation tissue; disc space height loss at L4-5 with congenital narrowing from L1-S1.

The claimant was subsequently seen in follow-up on 11/29/12. He has continued complaints of low back pain with radiation to the bilateral lower extremities. He reports urinary retention but no difficulty with bowel or bladder incontinence. His pain medication is reported to be helpful in controlling his pain. He has no substantive changes in his physical examination.

The record includes a preoperative psychological evaluation dated 12/07/12. He is noted to have very significant levels of depression with a CES-T score of 45. He was provided a MMPI-2-RF which was found to be invalid due to extreme over-reporting. His BAI is reported to be 46 which shows significant levels of anxiety. The evaluator subsequently recommends that the claimant receive pain psychotherapy postoperatively.

The initial review was performed by Dr. on 12/20/12. Dr. non-certified the request. He notes that the claimant's serial neurologic examinations show significant improvement when compared to preoperative examination. He notes that the claimant has comorbidities including morbid obesity. He discusses imaging studies which show granulation tissue. He notes that the psychological evaluation recommends that the claimant be placed on oral medications for anxiety.

The appeal request was reviewed by Dr. on 01/15/13. Dr. non-certifies the request noting that there was insufficient documentation to support the surgical request. The record contains no lateral flexion or extension views of the lumbar spine and there was no clear documentation supporting the diagnosis of the lower extremity documentation. He notes that the claimant has undergone 2 previous surgical interventions and was referred for aggressive physical therapy with subsequent improvement. He further discusses the claimant's psychological evaluation, noting that the claimant has symptoms of depression and that the MMPI results were invalid due to over-reporting. He upholds the prior denial as medical necessity was not established for the requested procedure.

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

The request for anterior L4-5 discectomy and interbody fusion, posterior percutaneous L4-S1 instrumentation with inpatient stay x5 days is not supported as medically necessary and the prior utilization review determinations are upheld. The submitted clinical records indicate that the claimant sustained disc herniations at L4-5 and L5-S1 as a result of the mishandling of a washing machine and subsequent fall. The claimant was reported to have been pinned under the washing machine. Imaging studies are reported to have indicated significant disc herniations at the L4-5 and L5-S1 levels. The claimant was taken to surgery twice by Dr. over a period of 2 days. The index surgery was performed on 07/02/12 with subsequent revision surgery performed on 07/06/12. It is reported that the claimant had significant neurologic deficits preoperatively. These deficits were noted to have improved with aggressive physical therapy. The record does not include any lumbar flexion or extension views which could establish instability at either the L4-5 or L5-S1 levels. Additionally, the claimant has been found to have significant anxiety and depression which would require treatment prior to the consideration of surgical intervention. There are clear comorbid behavioral issues as the patient's MMPI-2 was invalid. Therefore, based on the data provided, the claimant is not an appropriate surgical candidate from a psychological perspective and in the absence of clear objective evidence of progressive disc pathology and neurologic compromise, the request cannot be supported as medically necessary. It is therefore the opinion of this reviewer that the prior determinations were appropriate and are subsequently upheld.

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)