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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Feb/04/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: L2-3 XLIF, post fusion, decompression, hardware removal w/LOS 2 days 63102 22851 22612 63047 22842 63042

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D. O. Board Certified Neurological 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. It is the opinion of the reviewer that medical necessity for L2-3 XLIF, post fusion, decompression, hardware removal w/LOS 2 days 63102 22851 22612 63047 22842 63042 is not established and the prior denials are upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes 03/07/12-11/14/12
Behavioral evaluation 11/07/12
MRI lumbar spine 04/24/12
Electrodiagnostic studies 06/05/12
CT myelogram lumbar spine 09/28/12
Prior reviews 11/27/12 and 01/11/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who sustained an injury on xx/xx/xx. The patient had complaints of low back pain radiating to the right lower extremity. Initial treatment included anti-inflammatory and oral steroids and muscle relaxers and opioid analgesics for pain. The patient also had prior Toradol injections. The initial MRI of the lumbar spine on 04/24/12 revealed prior lumbar fusion at L2-3. Moderate to severe neural foraminal stenosis at this level was suspected, however. Due to enhancement, however, and due to metallic artifacts, the level was difficult to evaluate. Prior laminectomy procedures were noted at L4-5 and L5-S1. Possible recurrent disc herniations were suspected at L5-S1. Prior laminectomies were also noted at L3-4. Electro-diagnostic studies on 06/05/12 revealed evidence of radiculopathic changes to the right at L4-5 and possible early changes at L5-S1. Evaluation on 06/29/12 stated that the prior laminectomy and discectomies were completed on 2005 and the prior lumbar fusion at L2-3 was performed in 2007-2008. The patient indicated that he had recurrence of radiating pain in the right lower extremity. The patient reported lower extremity weakness after walking approximately three blocks. Physical

examination at this visit revealed right lower extremity weakness of the extensor halluc longus and tibialis anterior. There was sensation loss in the anterolateral thigh and right anterolateral thigh. Reflexes were trace to absent at the patella and ankles bilaterally. There was decreased range of motion on lumbar extension and the patient was unable to heel walk with the right foot. The patient was recommended for CT myelogram studies to evaluate stenosis at L2-3. Flexion extension films at this visit showed disengagement of a screw locking cap at L2-3 with the top of the head and the top of the screw head floating in soft tissue. CT myelogram studies on 09/28/12 for the lumbar spine revealed no abnormal motion or instability on flexion extension views. Post-myelogram CT identified a 3-4mm disc osteophyte complex asymmetric to the right extending into the right lower neural foramen. No focal disc extrusion was present. No apparent hardware failure or lack of fusion was reported at L2-3. Follow up on 10/19/12 stated that the patient had a disrupted set screw at L2-3. Exam findings were unchanged. Dr. opined that there was evidence of hardware destruction without solid fusion at L2-3. The patient was cleared from a psychological standpoint for surgery on 11/07/12. The request for L2-3 XLIF posterior fusion decompression with hardware removal and two day length of stay was denied by utilization review on 01/11/13 as the L2-3 level was not confirmed as the pain generator and there was conflicting information regarding the status of the fusion at L2-3. There was no abnormal motion at L2-3 and guidelines did not recommend XLIF procedures.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: From the clinical documentation provided for review, it is unclear what the fusion status is at L2-3 or that the L2-3 status or L2-3 level is contributing to the current complaints. From physical examination findings and electro-diagnostic studies, it appears the symptoms are secondary to pathology at L4-5 and L5-S1. Updated CT myelogram studies did not identify any evidence of failed fusion at L2-3, although this was opined by Dr. There were no further radiological rereads or addenda supporting the presence of pseudoarthrosis or non-union the prior fusion at L2-3 to support the surgical requests. As such, it is the opinion of the reviewer that medical necessity for L2-3 XLIF, post fusion, decompression, hardware removal w/LOS 2 days 63102 22851 22612 63047 22842 63042 is not established and the prior denials are 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)