

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Dec/28/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior / Posterior Discectomy and Fusion, 3 day LOS

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

Neurosurgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes 05/06/09-04/07/10
Clinical notes 04/21/09-05/05/09
Clinical notes 11/25/08-02/02/09
Clinical note 10/17/08
Chronic pain management program reports 03/26/10-05/12/10
Clinical notes 05/20/09-06/17/09
Manual muscle testing and range of motion report 09/24/09
Clinical note physical therapy reports 10/30/08
Designated doctor evaluation 06/16/09-01/27/10
History and physical examination 08/13/09
Post-designated doctor required medical examination 08/13/09
Prior peer reviews 06/11/09 and 06/13/09
IRO decision report 02/12/10
Discharge summary 12/01/09
Mental health evaluation 12/01/09
BHI2 report 08/20/09
Work capacity evaluation 12/01/09
Functional capacity evaluation 06/19/09
Procedure reports 05/08/09 and 05/29/09
Operative report 08/22/11
MRI lumbar spine 12/22/08
Electrodiagnostic studies 09/17/09
CT discogram and post discogram CT studies 10/22/12
Clinical notes 07/09/09-11/02/12

Prior reviews 11/14/12-12/06/12

Legal documentation cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. The patient reported feeling a pop in the low back followed by immediate pain. The patient was followed for a long history of chronic low back pain following the date of injury and the patient was treated in the past with multiple epidural steroid injections and medial branch blocks and up to a tertiary level including a chronic pain management program in 2009. The patient continued to report ongoing low back pain despite any of this treatment. MRI studies in 12/08 revealed disc protrusions from L3 to S1 with moderate neural foraminal narrowing, left worse than right, at L4-5 and compressing of the exiting left S1 nerve root at L5-S1. Disc dehydration from L2 to S1 was present and there was no evidence of significant disc space collapse at any level. Electrodiagnostic studies in 09/09 revealed evidence of a chronic bilateral L5 radiculopathy. The patient was recommended for lumbar discography in 2012. The patient continued to report low back pain as of 05/29/12 and physical examination revealed tenderness to palpation and decreased range of motion in the lumbar spine. No clear neurological deficits were noted at this visit. Discography was completed from L2 to S1 on 10/22/12. The patient reported concordant pain at L5-S1 at a maximum pressure of 45psi. Post-discogram CT revealed mild disc degeneration at L5-S1 with a small posterior radial tear. Clinical evaluation on 11/02/12 stated that the patient had continuing ongoing low back pain that has not responded to conservative treatment. Physical examination revealed decreased range of motion and tenderness to palpation of the lumbar spine. No neurological deficits were noted. The patient was recommended for lumbar discectomy and fusion at L5-S1. The request for anterior posterior lumbar fusion with a three day length of stay was denied by utilization review on 11/14/12 as there was no evidence to support anterior or posterior fusion and there was no psychological evaluation submitted for review establishing that the patient was a good candidate for the procedure. The request was again denied by utilization review on 12/06/12 as there was no psychological evaluation clearing the patient for surgical intervention and prior psychological evaluations recommended treatment for moderate anxiety and a prior history of substance abuse. There was also no evidence of instability to support lumbar fusion.

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

The requested anterior posterior lumbar fusion with a three day length of stay at L5-S1 is not supported as medically necessary per the guidelines and guideline recommendations. The patient has had ongoing discogenic low back pain that has not responded to conservative treatment to date. The patient underwent discography studies which identified a concordant pain response at L5-S1, however. Clinical literature has established that the performance of lumbar fusion on the basis of discogram results typically results in a very poor outcome. There are no psychological evaluations submitted for review establishing that the patient is a good candidate for lumbar fusion and without evidence of any motion segment instability at L5-S1 the patient does not meet guideline recommendations regarding lumbar fusion. As the clinical documentation provided for review does not meet guideline recommendations regarding the requested surgical procedures, medical necessity 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:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES