

# P-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Jan/14/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

2 day inpatient hospital stay; L4-S1 Revision L Spine Surgery, Hardware Removal, Exploration and Repair

**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)

**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 07/19/11-11/06/12  
Operative report 10/29/09 and 07/28/10 and 12/09/10 and 07/05/11 and 10/14/11  
MRI lumbar spine 01/05/12  
Addendum 01/11/12  
Whole body scan  
Whole body bone scan 08/16/12  
Procedure note 11/01/12  
Previous utilization reviews 11/15/12 and 12/27/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who reported an injury to his low back. Operative report dated 10/29/09 detailed the patient undergoing discogram at L3-4 and L4-5, and a laminectomy, decompression, and neural foraminotomy and discectomy at L4-5 bilaterally. Operative report dated 07/28/10 detailed the patient undergoing a decompression and intraoperative discogram at L2-3 and L3-4. Surgical note dated 12/09/10 detailed the patient undergoing a laminectomy revision with exploration of the neural foramina and L4 foraminotomy at L5-S1 bilaterally. Surgical note dated 07/05/11 detailed the patient undergoing a lumbar revision at L4-5 bilaterally. Clinical note dated 07/19/11 detailed the patient utilizing a cane as an ambulatory aid. The patient had an antalgic gait, but stated he was feeling much improved following the most recent surgery. The patient had had no physical therapy at that time.

Upon exam, the patient demonstrated 4/5 strength at the right quadriceps and gastrocnemius on the left. 3/5 strength was noted at the tibialis anterior on the right. 5-/5 strength was noted at the left tibialis anterior. Clinical note dated 08/30/11 detailed the patient continuing with the use of a cane secondary to an antalgic gait in the bilateral lower extremities. The patient had completed one episode of aquatic therapy to date. Upon exam, the patient demonstrated positive Lasegue sign on the right at 45 degrees. The patient demonstrated 4/5 strength at the quadriceps on the right and tibialis anterior bilaterally. Paresthesia was noted to light touch in the L5 and S1 distributions on the right. Clinical note dated 10/11/11 detailed the patient continuing with an antalgic gait. The patient underwent x-rays of the pelvis which revealed degenerative joint disease. X-rays of the lumbar spine revealed the L4-5 and L5-S1 decompression with global instrumented arthrodesis in good position. No motion was noted on flexion and extension views. The patient continued with strength deficits throughout the lower extremities. Operative report dated 10/14/11 detailed the patient undergoing a place percutaneous placement of a spinal cord stimulator. Clinical note dated 10/20/11 detailed the patient stating the stimulator was helping to reduce radicular pain. However, the patient stated that the frequency of the pain associated with the complex regional pain syndrome had worsened. The patient stated that the stimulator was not providing any significant benefit. The patient utilized Celebrex, MS Contin, Neurontin, Ambien, Lexapro, and hydrocodone for pain relief. Clinical note dated 11/21/11 detailed the patient continuing with complaints of low back pain. Most significant changes were noted in comparison to previous visits. Clinical note dated 12/20/11 detailed the patient complaining of acute exacerbation of back pain, particularly the right with radiation of pain into the right lower extremity during exercise program. The spinal cord stimulator had been removed. The patient had prior complaints of paresthesia in the dorsum of the right foot, specifically in the L5 distribution. The patient demonstrated 4/5 strength at the right EHL and gastrocnemius muscle. MRI of the lumbar spine dated 01/05/12 revealed an L4 through S1 fusion with apparent interval revision on the left. Granulation tissue abutting the left L5 nerve root in the L4-5 lateral recess was noted. Small osteophyte and granulation tissue was also noted in the right lateral recess of the L5-S1 level. This was noted to be abutting the right S1 nerve root in the lateral recess. The clinical note dated 01/10/12 details the patient complaining of back pain and a burning sensation in both lower extremities. Per the note, the patient had previously undergone a sympathetic block with some benefit; however, relief was only temporary. The addendum to the MRI dated 01/11/12 indicates that the patient's previous surgical interventions are well-healed. Per clinical note dated 04/17/12, the patient continued with back pain radiating into both lower extremities. A burning sensation was noted in both ankles, left greater than right. Upon exam, hypesthesia was also noted over the dorsum of both feet and the plantar aspect of both feet. Per clinical note dated 05/21/12, the patient continued with low back pain. The patient was noted to continue with an extensive list of medications. The patient was noted to be compliant with the medication regimen. No side-effects were noted. The whole-body bone scan dated 08/16/12 revealed marked abnormal activity in the right great toe. A likely incomplete fusion was noted at the interbody disc graft at the L3-4 level as well. Clinical note dated 08/27/12 details the patient continuing with low back pain with radiation into the lower extremities. No significant changes were noted in the patient's clinical presentation. Clinical note dated 09/04/12 details the patient being recommended for a hardware block at the L3 and L4 pedicle screws and at the cage at L3-4 on the right. Clinical note dated 09/28/12 details the patient continuing with low back pain which he rated as 4/10. Upon exam, no allodynia or hyperpathia were noted. No trophic changes were noted. No temperature differences were noted between extremities. The patient was being scheduled for the hardware block at that time. The procedural note dated 11/01/12 details the patient undergoing a hardware block injection at L4-5 and L5-S1 bilaterally. Per clinical note dated 11/06/12, the patient stated that the previous hardware block had provided significant pain relief. The patient was then recommended for surgical revision in the lumbar region.

The utilization review dated 11/15/12 resulted in a denial secondary to a lack of information regarding the patient's psychosocial screening and a lack of completion of conservative measures to include a formal physical therapy program.

The utilization review dated 12/27/12 resulted in a denial secondary to a lack of exhaustion of

conservative modalities to include formal therapeutic interventions and a lack of significant findings on the patient's bone scan involving the L3-4 level. There was also no psychosocial evaluation submitted for review.

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

The request for a 2-day inpatient hospital stay with a L4-S1 revision of lumbar surgery as well as hardware removal, exploration, and repair is non-certified. The documentation submitted for review elaborates the patient having a long history of low back pain with radiation into the lower extremities. The Official Disability Guidelines recommend a revision surgery in the lumbar spine provided the patient meets specific criteria to include completion of a psychosocial screening addressing any confounding issues as well as potential outcomes for surgery, and completion of all conservative treatments to include formal physical therapy. There is a lack of information regarding the patient's completion of a psychosocial screening to address confounding issues. Additionally, the patient is noted to have undergone 1 aquatic therapy session; however, there is a lack of information regarding the patient's inability to complete a full course of physical therapy. Furthermore, the whole body scan did reveal a possible incomplete fusion at L3-4. It is unclear from the clinical notes whether the L3-4 level has been addressed. Given the lack of information regarding the patient's completion of a psychosocial screening, the lack of information regarding the patient's completion of all conservative treatments, and the lack of information regarding the significant findings at the L3-4 level, this request is not indicated as medically necessary. As such, the documentation submitted for this review does not support the request 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**