

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jan/18/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L5/S1 Laminectomy, Discectomy, and Fusion with Instrumentation, Discography; and 2 days inpatient stay

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

IRO request/referral documents

Initial adverse determination letter 11/28/12

Reconsideration adverse determination letter 01/04/13 and 01/02/13

Pre-authorization request and appeal request

New patient surgical consultation 09/12/12

MRI lumbar spine 06/30/11

Office notes 02/13/12 and 05/10/12

Office notes 03/20/12

EMG/NCV 12/15/11

Lumbar epidural steroid injection 06/12/12

Pre-surgical consultation and behavioral assessment 10/22/12

Pre-authorization request lumbosacral orthosis 09/24/12

Prescription/letter of medical necessity 08/30/12

Pre-authorization request diagnostic interview/psychological testing 09/24/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx when he stepped in a hole and twisted his back. He complained of low back pain radiating to the lower extremities. MRI of the lumbar spine dated 06/30/11 revealed a broad based left paracentral/lateral disc protrusion at L5-S1 encroaching upon the left anterolateral recess and left neural foramen; disc material

contacting the descending left S1 and exiting left L5 nerve roots. Electrodiagnostic testing on 12/15/11 was reported as an abnormal study with evidence for S1 nerve root irritation and subtle evidence for left L5 chronic radiculopathy. The claimant was noted to have failed conservative treatment including exercise program, medications, chiropractic care, physical therapy, and epidural steroid injections. Physical examination on 09/12/12 reported positive spring test, interiliac crest line, positive extensor lag, positive sciatic notch tenderness bilaterally (worse on the left), negative Fortin finger test, positive flip test on the left, positive Lasegue on the left at 45 degrees, positive Braggard, contralateral positive straight leg raise on the right at 75 degrees, absent posterior tibial tendon jerks bilaterally, hypoactive ankle jerks on the left, and mild weakness of gastrosoleus on the left with paresthesias in the L5 and S1 nerve root distributions on the left.

A request for L5-S1 laminectomy, discectomy, and fusion with instrumentation, discography and two day inpatient stay was non-authorized per adverse determination letter dated 11/28/12 noting the lack of lumbar flexion extension x-ray reports to determine the presence or absence of instability.

A reconsideration request was non-authorized per adverse determination letter dated 01/04/13, noting that L5-S1 disc protrusion per MRI contacted the L5 and S1 nerve roots; however, there was L4-5 disc bulge and facet arthrosis and proposed fusion at L5-S1 would create increased stress on the L4-5 level which is abnormal. The claimant did not have instability that was confirmed despite the report.

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

The claimant is noted to have sustained an injury to his low back when he stepped in a hole and twisted, injuring his mid back and low back. He was treated conservatively, but failed to improve. MRI revealed multilevel degenerative changes of the lumbar spine with disc desiccation and facet arthrosis at multiple levels. At L5-S1, there is a left paracentral/lateral broad based disc protrusion which encroaches on the left anterolateral recess and left neural foramen with disc material contacting the descending left S1 and exiting left L5 nerve roots. As noted on previous reviews, no radiology report was submitted of flexion extension films demonstrating motion segment instability at any level of the lumbar spine. While it appears that simple decompression of the L5-S1 level would be appropriate, medical necessity is not established for the proposed instrumented fusion. Also, current evidence based guidelines do not support the use of discography results as a pre-operative indication for lumbar fusion. Consequently, it is the medical assessment of this reviewer that the request for L5-S1 laminectomy, discectomy, and fusion with instrumentation, discography and two day inpatient stay is not supported as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES