

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** JUNE 26, 2013

**IRO CASE #:**

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

Medical necessity of proposed extreme Lumbar interbody fusion w/ORIF 4 day inpatient stay (22533, 22325, 22851, 22845)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
756.12, 724.4, 724.2	22533		Prosp	1					Upheld
756.12, 724.4, 724.2	22325		Prosp	1					Upheld
756.12, 724.4, 724.2	22851		Prosp	1					Upheld
756.12, 724.4, 724.2	22845		Prosp	1					Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-18

Respondent records- a total of 37 pages of records received to include but not limited to:

TDI letter 6.6.13; Notice of an IRO; Request for an IRO forms; letters 3.14.13, 5.8.13; report, 3.14.13; records 2.1.13-4.5.13; CT Lumbar spine 9.16.12; report, 2.22.13; report, 4.17.13  
Requestor records- a total of 76 pages of records received to include but not limited to:  
records 2.26.08-4.5.13; TDI letter 6.6.13; CT Lumbar report 9.9.04, 2.19.12, 9.16.12; CT Cervical  
report 7.4.12; CT Thoracic report 2.17.12; MRI Lumbar report 2.17.04, 1.24.05, 1.25.10; MRI  
Cervical report 2.17.04, 1.24.05; Lumbar Diskography report 9.9.04

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The records for review dated back to 2004. The patient had a lumbar MRI on 02-17-04 which showed multi-level stenosis. He had a 09-09-04 4 level discogram and post discogram CT scan that showed degenerative changes at all 4 levels. He had a 01-24-05 lumbar MRI that showed broad based disc bulges at L3-4, L4-5, and L5-S1.

On 01-19-11, noted the patient's recurrent lumbar pain. He was taking Valium from his was prescribing Lyrica and Lortab. Weight loss was recommended.

On 02-28-11, stated that the patient was complaining of the same symptoms as pre-operatively. Weight loss was recommended.

By 04-26-11, noted the patient's affect to be improved. Medications of Lyrica and Soma were ordered.

On 07-25-11, reported increased lumbar symptoms. proposed facet blocks.

On 10-03-11, reported the patient's use of his TLSO and a walker. had a CABG 2 years before with significant weight gain thereafter. stated his last MRI showed a left L2-3 disc protrusion. proposed another lumbar MRI. or his saw the patient essentially monthly.

On 01-02-12, reported the patient was recovering from gastric infection. A Butrans patch was ordered. noted a denial from the IRO for the repeat lumbar MRI.

On 03-20-12, recorded the patient's recent hospitalization for chest and abdominal pain. A lumbar MRI was done during that hospitalization.

On 05-21-12, reported that there was a 5 mm displacement at L4-5 on F/E films. A lumbar CT scan was ordered and weight loss was recommended. The CT scan was denied by preauthorization.

On 06-19-12, stated that the 08-31-10 lumbar laminectomy had been very effective for the radicular symptoms.

On 08-20-12, proposed an IRO for the CT scan. The IRO approved the CT scan. The CT scan per a grade 1 spondylolithesis at L4-5 as well as neuroforaminal stenosis at L3-4, L4-5, and L5-S1. proposed an XLIF and plating.

On 11-27-12, the patient reported another hospitalization for chest pain. On exam, his was neurologically intact except for reported weakness of the right EHL and anterior tibialis.

On 12-21-12, reported there was a retained drain in the paravertebral muscles. proposed a facet block at L4-5 which was done on 01-17-13 which reportedly gave 60 percent improvement.

On 02-22-13, psychologist cleared the patient for surgery.

On 03-14-13, did a preauthorization review for the proposed L4-5 fusion and denied the request. A reconsideration of the proposed surgery was denied.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

The patient's prior CT scan does not report instability. This patient's BMI is never reported. He had a 4 level abnormal discogram morphologically already in 2004. The proposed fusion at L4-5 will transfer stress to adjacent disc levels that are abnormal. Please recall that after the multi-level laminectomy in 2010, the patient did not report improvement.

ODG guidelines do not support a Lumbar fusion without evidence of a significant neural arch defect or segmental instability that is greater than 4.5mm. Therefore, after review of the records, the proposed extreme lateral fusion at L4-5 with a 4 day length of stay is not validated as a medical necessity.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)