

# P-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Jul/08/2013

**IRO CASE #:**

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

Decompression and TLIF L4/L5 and Inpatient LOS

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

Board Certified Orthopedic Surgeon

**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

MRI of the lumbar spine dated 06/23/11

Clinical notes dated 05/27/11 – 06/12/13

Designated doctor evaluation dated 03/21/13

Therapy notes dated 02/11/13 – 04/24/13

Psychological evaluation dated 07/31/12

MRI of the lumbar spine dated 10/01/12

Operative reports dated 01/16/12 & 05/02/12

Previous utilization reviews dated 04/09/13 & 05/09/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who reported an injury regarding her low back. The clinical note dated 05/27/11 details the patient complaining of low back pain. The patient also noted episodes of spasms in the low back. The patient stated that the initial injury occurred when she took a fall on xx/xx/xx when she tripped over a mail bag. The patient noted a progressive

nature of the low back pain. Upon exam, tenderness was noted at the L5-S1 level of the lumbar region. No reflex deficits were noted. The patient was able to demonstrate 5/5 strength with intact sensation throughout the lower extremities. The MRI of the lumbar spine dated 10/01/12 revealed disc desiccation at L4-5 and L5-S1. Disc bulges were also noted at these levels. Mild central canal stenosis was noted at L4-5 and L5-S1. The clinical note dated 02/04/13 details the patient complaining of low back stiffness. Sitting, standing, and walking all exacerbate the patient's pain. The note does detail the patient having previously undergone conservative treatments to include physical therapy as well as injection therapy. The patient was also noted to have undergone a psychological evaluation which resulted in no contraindications noted by exam. The therapy note dated 04/24/13 details the patient having completed 8 physical therapy sessions to date. The clinical note dated 03/27/13 details the patient complaining of no weakness, numbness, or sensation losses in the lower extremities. The clinical note dated 06/12/13 details the patient complaining of pain in the low back which was noted to be radiating to the right buttocks. The patient noted an acute flare up of spasms throughout the low back region. Upon exam, tenderness was noted upon palpation at the right low back. Radiating pain was noted in the right lower extremity. Facet tenderness was also noted on the right. The patient was able to demonstrate range of motion throughout the lumbar region with no deficits. Sensation was noted to be normal to touch from L1 to S1. Normal motor function was noted. No reflex deficits were noted.

The previous utilization review dated 04/09/13 for a decompression and TLIF at L4-5 with an inpatient stay resulted in a denial secondary to a lack of objective findings indicating sensory motor deficits or positive provocative tests indicating the need for a lumbar region surgery.

The previous utilization review dated 05/09/13 resulted in a denial for a surgical intervention of the lumbar region secondary to a lack of motor, neurologic, and sensory deficits in the appropriate distributions.

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

The documentation submitted for review elaborates the patient complaining of low back pain with radiating pain into the right buttocks. The Official Disability Guidelines recommend a decompression and fusion in the lumbar region provided the patient meets specific criteria to include significant objective findings indicating the need for a surgical intervention in the appropriate distribution. No information was submitted regarding the patient's sensation, motor, or reflex changes noted in the L4 or L5 distributions. Given that no information was submitted regarding the patient's significant sensory neuro deficits in the appropriate distribution, this request does not meet guideline recommendations. As such, it is the opinion of this reviewer that the request for a decompression and fusion at the L4-5 level with an inpatient length of stay is not recommended as medically necessary.

**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**