

# Core 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: JUL/15/2013

IRO CASE #:

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** IP anterior lumbar interbody fusion, L5-S1, Iliac crest graft, LSO brace, 2 days LOS

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D.O., Board Certified Neurological Surgery

**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.** It is the opinion of this reviewer that the request for an : IP anterior lumbar interbody fusion, L5-S1, Iliac crest graft, LSO brace, 2 days LOS is recommended as not medically necessary.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines  
Clinical notes dated 06/13/12 – 05/20/13  
Operative report dated 09/06/13  
RME dated 11/20/12  
X-ray of the lumbar spine dated 01/17/13  
Psychological evaluation dated 03/05/13  
RME dated 04/01/13  
Therapy notes dated 06/26/12 – 07/25/12  
Psychological therapy notes dated 12/01/12 & 12/04/12  
Previous utilization reviews dated 05/30/13 & 06/21/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who reported an injury regarding his low back when he tripped on a valve while carrying a box. The clinical note dated 06/13/12 details the patient complaining of low back pain with radiation of pain to the right lower extremity. Numbness was noted in both feet at that time. The patient was noted to be utilizing Hydrocodone, Ibuprofen, and Flexeril for ongoing pain relief at that time. Upon exam, the patient was able to demonstrate full range of motion throughout the upper and lower extremities. The patient was noted to have an antalgic gait. Weakness was noted throughout the entire right lower extremity. The clinical note dated 08/27/12 details the patient continuing with radiating pain from the low back into the lower extremities. The patient stated the pain was affecting his sleep at that time. Upon exam, weakness was noted at the anterior tibialis, EHL, and gastrocnemius. Strength deficits were noted to be 4/5 at that time. The operative report dated 09/06/12 details the patient undergoing a CT myelogram of the lumbar spine. The study revealed a mild extra dural defect of the disc space at L4-5 and L5-S1. The clinical note dated 09/25/12 details the patient rating his pain as 8/10 at that time. Strength deficits continued in the lower extremities. The clinical note dated 01/17/13 details

the patient continuing with low back pain. The patient stated he was able to lift only very light weight. The x-rays of the lumbar spine dated 01/17/13 revealed no significant lateral curvature. The clinical note dated 02/18/13 details the patient having previously undergone physical therapy without any significant benefit. The psychological evaluation dated 03/05/13 details the patient having no significant contraindications and therefore was endorsed for a surgical intervention at that time. The clinical note dated 05/08/13 details the patient continuing with low back pain with radiation of pain to the lower extremities. Strength deficits continued throughout the lower extremities. The clinical note dated 05/20/13 details the patient utilizing Norco for ongoing pain relief. The therapy note dated 07/26/12 does detail the patient having completed 14 physical therapy sessions to date.

Previous utilization reviews resulted in a denial for the requested surgery with a 2 day length of stay and postoperative treatments secondary to a lack of information regarding the patient's physical findings noted by clinical exam correlating with the imaging studies.

**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 right lower extremity weakness. The Official Disability Guidelines recommend a lumbar fusion provided the patient meets specific criteria to include significant clinical findings noted by exam correlating with the imaging studies. The previous CT scan revealed significant findings at the L4-5 level. However, at the L5-S1 level no significant findings were noted. Given that no information was submitted confirming the patient's L5-S1 involvement by imaging studies and taking into account that no significant clinical exam findings were noted substantiating the L5-S1 involvement, this request is not indicated. As such, it is the opinion of this reviewer that the request for an : IP anterior lumbar interbody fusion, L5-S1, Iliac crest graft, LSO brace, 2 days LOS is recommended as not medically necessary.

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

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

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

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

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)