

# Becket Systems

An Independent Review Organization  
815-A Brazos St #499  
Austin, TX 78701  
Phone: (512) 553-0360  
Fax: (207) 470-1075  
Email: manager@becketsystems.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jul/15/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** two day in-patient surgery; lumbar spine L4-L5 spondylolisthesis reduction, decompression and instrumented fusion

**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 the reviewer that the request for two day in-patient surgery; lumbar spine L4-L5 spondylolisthesis reduction, decompression and instrumented fusion is recommended as medically necessary.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines  
Request for IRO dated 06/20/13  
Receipt of request for IRO dated 06/21/13  
Peer review dated 10/21/11  
Utilization review determination dated 11/12/12  
Peer review dated 04/12/12  
Notice of independent review decision dated 12/21/12  
Utilization review determination dated 04/11/13  
MRI of the lumbar spine dated 04/18/13  
Clinical note dated 05/09/13  
Utilization review determination dated 06/04/13  
Notice of utilization review determination dated 06/10/13  
Utilization review determination dated 06/07/13  
Utilization review determination dated 06/12/13  
Utilization review determination dated 06/19/13  
Prospective review response dated 06/25/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. It is reported that the claimant sustained multiple traumatic injuries as a result of being struck in the abdomen. The claimant's past medical history was reported to be significant for a previous L5 disc herniation. Records indicate that the claimant was transferred to a local hospital and found to have multiple pelvic fractures. The claimant required an exploratory laparotomy and bladder repair and debridement at a right open elbow fracture with subsequent ORIF. The claimant later underwent percutaneous stabilization with posterior pelvic ring with open reduction internal fixation of the anterior

pelvic ring. The claimant had a complicated hospital course but subsequently was ultimately discharged. Records indicate that the claimant underwent a left shoulder subscapular repair and was noted to have chronic subjective complaints of low back pain.

Per a peer review dated 10/21/11, the claimant was noted to have a grade 1 spondylolisthesis of L4 and L5 with bilateral interarticularis defect which was preexisting and not causally related to the compensable injury.

The record contains a utilization review determination dated 11/12/12 in which the request for a lumbar epidural steroid injection at L4-5 was non-certified.

The record contains a peer review dated 04/12/12 authored. The reviewer opines that the claimant has spondylolisthesis at L4-5 and bilateral PARS defects which were unrelated to the compensable injury. He notes that there is no change on the degree of spondylolisthesis per serial films. He further references a designated doctor examination which found that these findings were not related to the compensable event.

The record contains a notice of independent review decision in which the evaluator upheld the prior determinations regarding the non-certification of a lumbar epidural steroid injection on the left at L4-5. The claimant was referred for repeat MRI of the lumbar spine on 04/18/13 which noted a 12mm anterior spondylolisthesis of L4 over L5 which was previously noted to be 10mm and there were degenerative disc changes at L4-5 and the metallic hardware obscured detailed evaluation of the L5-S1 and sacrum and at L4-5 the spinal canal remained patent. There was evidence of bilateral neural foraminal narrowing. There was increasing neural foraminal narrowing on the left. Bilateral spondylolysis was identified at this level.

On 05/09/13 the claimant was seen. The claimant was reported to have low back and left leg discomfort and it was reported that his pain was 80% axial and 20% radicular in nature and that his symptoms radiated from his low back into the left buttock and posterior lateral thigh to the bottom of the foot and he reported that previous treatments included multiple spinal injections. On physical examination the claimant was 72 inches and 200 pounds and he was noted to have no tenderness to palpation and he had no pain to straight leg raise and was able to heel and toe walk and lumbar flexion, extension, rotation and lateral flexion were reported to be normal. Gait was normal. Motor strength was graded as 5/5 in the lower extremities and sensation was diminished in the left leg most closely approximating the L4 and L5 dermatomes and deep tendon reflexes were decreased but equal. The claimant was subsequently recommended to undergo surgical intervention.

On 06/04/13 the initial review was performed and the evaluator non-certified the request. He noted that the records provided for review did not document any lower extremity weakness, muscular atrophy, loss of reflex, or decreased sensation in a dermatomal distribution consistent with the imaging. He further noted that the records did not reflect any formal physical therapy or associated response or medication list and that segmental instability of greater than 4.5mm had not been noted. And he noted that there was no pre-surgical psychological screening and as such the claimant did not meet criteria per the Official Disability Guidelines.

A subsequent appeal review was performed on 06/12/13 and the reviewer noted that the previous non-certification on 06/04/13 due to a lack of documented instability, lack of frequency and duration of treatment, and he noted that no additional records were provided for review and further that there was no psychosocial screening. As such he upheld the previous denial.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The claimant is a male who sustained significant multisystem trauma occurring on the date of injury. The submitted clinical records indicate that the claimant underwent multiple surgeries as a result of multi-system trauma. The claimant has had chronic complaints of low back pain radiating to the left lower extremity that have been unremitting despite conservative care. Per the carrier records and the

claimant has been treated with oral medications, physical therapy, a left L5 LESI on 01/20/12, a second LESI on 04/16/12, a left lumbar medial branch blocks on 05/25/12 and later S1-2 medial branch blocks on 08/09/12. The submitted imaging studies note that there has been a progression of a grade 1 spondylolisthesis to now a grade 2 which would clearly support dynamic instability of the L4-5 level. As the claimant has dynamic instability and exhausted all conservative management the claimant would not require pre-operative psychiatric evaluation. The procedure is being performed for a mechanical defect and therefore would be performed regardless of the mental state of the claimant. Therefore, based on the data provided it is the opinion of the reviewer that the request for two day in-patient surgery; lumbar spine L4-L5 spondylolisthesis reduction, decompression and instrumented fusion is recommended as 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)