

Applied Assessments LLC

An Independent Review Organization
3005 South Lamar Blvd, Ste. D109 #410

Austin, TX 78704

Phone: (512) 772-1863

Fax: (512) 857-1245

Email: manager@applied-assessments.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/29/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpt. Lumbar ALIF L4-S1 with 3 day LOS

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

Board Certified Neurosurgeon

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 03/22/06

Electrodiagnostic studies dated 09/11/08

Clinical notes dated 01/26/10 – 12/22/10

Clinical reports dated 05/12/11 – 04/18/13

Clinical report dated 04/25/13

Psychological evaluation dated 05/06/13

Radiographs of the lumbar spine dated 01/12/12

MRI of the lumbar spine dated 01/11/13

Clinical report dated 01/29/13

Clinical note dated 01/16/13

Electrodiagnostic studies dated 02/26/13

Laboratory reports dated 04/11/11 & 12/19/12

Prior reviews dated 04/04/13 & 05/14/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. The patient has a remote history of a lumbar laminectomy performed in 1995. Electrodiagnostic studies from 2008 identified evidence of lumbar radiculopathy. The patient was managed for chronic pain with anti-inflammatories, Lyrica, Tramadol, and Ambien. Radiographs of the lumbar spine completed on 01/12/12 revealed spondylolisthesis at L4-5 with disc space collapse at L5-S1. Updated MRI studies completed on 01/11/13 demonstrated severe facet degenerative changes at L4-5

with a 4mm dorsal disc bulge and ligamentum flavum thickening resulting in mild canal and moderate foraminal stenosis. At L5-S1, there was disc bulging and osteophytic spurring with facet hypertrophic changes contributing to moderate foraminal stenosis without canal stenosis. Severe disc space narrowing at L5-S1 was noted. Repeat electrodiagnostic studies completed on 02/26/13 demonstrated evidence of mild chronic active L5-S1 lumbar radiculopathy. The patient was seen on 04/18/13 with ongoing and worsening low back pain. Physical examination demonstrated continued weakness graded as mild at the quadriceps, extensor hallucis longus, dorsa flexors, and plantar flexors. Decreased sensation at light touch and pinprick in the right lower extremity was present. The recommendation was for an L4 through S1 anterior lumbar interbody fusion as well as posterolateral fusion. The patient did attend a psychological evaluation on 05/06/13. The patient was felt to be motivated to improve and presented as a good psychological candidate for surgery. MMPI 2 testing produced a valid profile.

The request for anterior lumbar interbody fusion from L4 to S1, a posterior fusion and a 3 day length of stay was denied by a utilization review on 04/04/13 as there was lack of documentation regarding recent conservative modalities to include therapeutic interventions or injection therapy. There was also no psychological evaluation.

The request was again denied by a utilization review on 05/14/13 as there was no updated physical examination findings and lack of documentation regarding a psychosocial evaluation.

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

The patient has had a long clinical history of chronic low back and radicular pain that has been present since 1995. The patient reported ongoing and progressively worse low back and radiating pain in the lower extremities. Imaging studies from January 2013 identified severe facet degenerative changes resulting in moderate foraminal stenosis at L4-5 with near complete disc space collapse and foraminal stenosis at L5-S1. The patient's electrodiagnostic studies were consistent with a chronic L5-S1 radiculopathy and the patient's 04/18/13 physical examination was also consistent with a persistent lumbar radiculopathy. Given the extent of the facet degenerative findings at L4-5 and the severe disc space collapse at L5-S1, the patient would reasonably benefit from decompression procedures of the neuroforamina at L4-5 and L5-S1. However, due to the disc space collapse at L5-S1 and the severe facet degenerative changes at L4-5, extensive facetectomies and laminectomies would most likely need to be performed which would destabilize the lumbar segments from L4 to S1. Due to this iatrogenic instability that would be introduced from extensive decompression, both anterior interbody and posterolateral fusion from L4 to S1 would be supported as medically necessary. The patient did have a psychological evaluation performed which found the patient to be a good surgical candidate. This reviewer does feel that the clinical documentation addresses the prior reviewer's concerns. As the surgical request is supported as medically necessary, the 3 day length of stay requested would be reasonable and appropriate given the extensive procedures planned. The patient would require this length of stay for post-operative monitoring for complications that include infection and neurological compromise. As such, it is this reviewer's opinion that medical necessity for the requested services is established and the prior denials are overturned.

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)