

# Becket Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jun/05/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** I/P lumbar extreme interbody fusion L4-5 posterior decomp L4-S1 4 day 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 the reviewer that the request for I/P lumbar extreme interbody fusion L4-5 posterior decomp L4-S1 4 day LOS is not recommended as medically necessary.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who reported an injury regarding his low back. The MRI of the lumbar spine dated xx/xx/xx revealed a grade 1 anterior listhesis at L4-5. Advanced stenosis was also noted at L4-5 with moderate stenosis noted at L3-4. The clinical note dated 08/08/11 details the patient stating the initial injury occurred when he was moving a roll of chain link fence and bent forward and lifted the fence and a pulling pain was noted. The patient rated the pain as 9/10 at that time. The clinical note dated 03/09/12 details the patient continuing with 8/10 low back pain. Upon exam the patient was noted to have slow guarded painful range of motion. Pain was exacerbated in all directions and positions. Tenderness was noted upon palpation of the paraspinal musculature. Decreased sensation was noted in the left anterior and lateral aspect of the thighs. Hyperesthesia was noted along the posterior aspect of the left. The patient was noted to have positive bilateral straight leg raise tests. The clinical note dated 04/11/12 details the patient rating his low back pain as 2-8/10 at that time. The note does detail the patient quickly fatiguing with both hip flexors. The psychological evaluation completed on 05/04/12 details the patient receiving a full recommendation for any surgical procedures. The clinical note dated 05/15/12 details the patient demonstrating 4/5 strength at both EHLs.

Additionally, the patient was able to demonstrate 4+/5 strength at the anterior tibialis bilaterally. The MRI of the lumbar spine dated 06/11/12 revealed changes at L4-5 producing moderately severe to severe canal stenosis. Disc protrusions were also noted at L3-4 and L5-S1. The clinical note dated 11/26/12 details the patient continuing with low back pain. Strength deficits continued at both EHLs and anterior tibialis muscles. Radiating pain was noted along the anterior and lateral aspect of the thighs. The clinical note dated 03/11/13 details the patient continuing with strength deficits in the lower extremities. The clinical note dated 03/27/13 details the patient rating his pain as 3-9/10. The chiropractic therapy note dated 04/12/13 details the patient having completed 16 chiropractic therapy sessions to date.

The previous IRO dated 12/18/12 resulted in a denial for a XLIF secondary to a lack of evidence indicating the need for a spinal fusion outside of the L4-5 level.

The previous utilization review dated 03/20/13 resulted in a denial for a XLIF as guidelines do not support the XLIF procedure secondary to the lack of evidence supporting long term safety, efficacy, and outcomes as well as potential complications.

The previous utilization review dated 04/15/13 resulted in a denial for a XLIF secondary to the need for additional studies to confirm the long term safety, efficacy, and outcomes as well as complications.

**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 ongoing low back pain with a radiculopathy component noted in the lower extremities. However, the Official Disability Guidelines do not specifically recommend the use of a XLIF procedure as only minimal evidence exists supporting the procedure. The XLIF is noted to have a unique set of complications including neural injuries, such as weakness and thigh numbness. Additional studies are recommended to further evaluate and monitor the short and long term safety, efficacy, outcome, and complications associated with the XLIF procedure. As such, it is the opinion of the reviewer that the request for I/P lumbar extreme interbody fusion L4-5 posterior decomp L4-S1 4 day LOS is not 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)