

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/1/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar laminectomy with fusion and instrumentation L3 thru L5 with bone fusion stimulator 1 day LOS and purchase of TLSO Brace

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

Neurosurgery

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
Preauthorization determination dated 02/11/13
Complete rationale for preauthorization dated 02/08/13
Preauthorization determination dated 03/19/13
Reconsideration determination rationale dated 03/18/13
Office notes signed dated 06/20/11 – 02/27/13
Discharge summary dated 09/28/11
Operative report dated 09/27/11
Discharge summary dated 10/27/11
Operative report dated 10/26/11
Microbiology wound culture report dated 10/21/11
CT myelogram of the lumbar spine dated 07/17/12
Procedure report after a 3rd injection dated 08/22/12
Preauthorization request dated 02/06/13
Preauthorization appeal request dated 02/18/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who reportedly was injured on xx/xx/xx secondary to a fall. The records indicate the claimant is status post L5-S1 fusion. Records indicate the claimant underwent lumbar laminectomy in 1994 and a year later had further lumbar surgery with a fusion procedure. Per the operative report dated 09/27/11, the claimant had spinal cord

stimulator placement approximately 10 years earlier, and underwent exploration of previous stimulator leads, with replacement of stimulator leads and placement of a spinal cord stimulator and replacement of battery. On 10/26/11, the claimant underwent exploration of the lower thoracic laminectomy incision with incision and drainage, debridement of laminectomy incision and secondary closure. The claimant was noted to present with severe low back pain and bilateral radiating hip and leg pain. A CT myelogram of the lumbar spine was performed on 07/17/12. Post myelogram CT revealed postoperative changes of PLIF with posterior rods and pedicle screws and laminectomy at L5-S1 with no evidence for acute hardware complications; no significant disorders of the thecal sac with no osseous encroachment upon the neuroforamen. At L3-4, there was a broad based disc bulge and facet disease with triangular configuration of the thecal sac and mild bilateral foraminal narrowing. At L4-5, there was a broad based disc bulge with moderate facet hypertrophy and ligamentum flavum thickening which produced a triangular configuration of the thecal sac with bilateral foraminal narrowing. Per operative report dated 08/22/12 the claimant has severe low back pain secondary to the L4-5 disc disease, with mainly left leg radicular pain. He was noted to have failed to improve with conservative measures, and an epidural steroid injection was performed on this date. Progress note dated 10/22/12 indicated the claimant got excellent results from the epidural injection lasting for at least 2 weeks. The claimant was seen on 01/24/13 and was noted to have gotten much worse. He had very severe mechanical lumbar pain and walks with a flexed posture at the low back with total loss of lumbar lordosis with paralumbar muscular tightness. Weakness from the quadriceps distally has diminished sensation from the mid thighs distally. The tendon reflexes were absent in the lower extremities. He is noted to have severe stenosis from L3 – L5, with no abnormalities at the area of previous surgery at L5-S1. Straight leg raising and reverse straight leg raising were both positive. The claimant was recommended to undergo decompression, fusion, and instrumentation. He did not get enough relief from medication and his spinal cord stimulator.

A request for lumbar laminectomy with fusion and instrumentation at L3 through L5 with bone fusion stimulator and one day LOS and purchase of TLSO brace was denied per determination dated 02/11/13. The reviewer noted that the provider documented the patient previously utilized L4-5 epidural steroid injections which were effective for pain complaints for two weeks. The provider documented that the claimant had severe central canal stenosis at the L3-4 and L4-5 levels; however, imaging studies revealed degenerative disc and facet disease at the two levels, but documentation of central canal stenosis or nerve root involvement was not evidenced. Additionally, it was noted that the claimant was status post work related injury of approximately 20 years, but the clinical notes did not evidence when the original fusion at L5-S1 was performed; therefore, psychological evaluation prior to the requested two level fusion should be performed.

An appeal request for lumbar laminectomy with fusion and instrumentation at L3 through L5 with bone fusion stimulator and one day LOS and purchase of TLSO brace was denied on 03/19/13 again noting that there was no psychological pre-operative clearance.

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

The claimant sustained an injury to the low back in xxxx and subsequently underwent L5-S1 fusion. It appeared that the claimant underwent decompressive laminectomy in 1994 and a year later underwent fusion of the lumbar spine. He subsequently had spinal cord stimulator placed, with revision of spinal cord stimulator in 2011. The claimant continued to complain of low back pain and primarily left leg pain. CT myelogram revealed post-operative changes with broad based disc bulges and facet disease at L3-4 and L4-5. Although previous reviewers indicated that there was no evidence of spinal canal stenosis or nerve root impingement, the myelogram report indicates disc space narrowing at L3-4 with wasting of the contrast column at this level and to a lesser extent at L4-5. There was less filling of the exiting nerve root sleeves at L3-4 possibly due to impingement bilaterally, with mild effacement of the L4 nerve roots in the spinal canal moreso on the right. Thecal sac deformity was noted. The claimant underwent epidural steroid injection at the L4-5 level on 08/22/12 and reported two weeks of pain relief. However, there is no comprehensive history of the nature and extent of other conservative measures. As noted on previous reviews, no

pre-surgical psychological evaluation was provided. Based on the clinical information provided, noting that previous surgery was performed over 17 years ago with no subsequent pre-surgical psychological evaluation, it is the opinion of this reviewer that medical necessity is not established for the proposed surgical procedure with lumbar laminectomy and fusion and with lumbar laminectomy and instrumented fusion at L3 through L5 with bone growth stimulator, one day inpatient stay, and purchase of a TLSO brace.

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)