



Notice of Independent Review Decision - WC

DATE OF REVIEW:

05/01/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L4-L5 and L5-S1 Posterior Lumbar Interbody Fusion with Length of Stay of Three Days -
(22612, 22614, 63047, 22842, 22851, 22633, 20930, 20936)

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

Board Certified in 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 or not medical necessity exists for each of the health care services in dispute.

L4-L5 and L5-S1 Posterior Lumbar Interbody Fusion – UPHELD
Length of Stay of Three Days – UPHELD
(22612, 22614, 63047, 22842, 22851, 22633, 20930, 20936)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Evaluation, 04/06/09
- Lumbar Spine MRI, 04/15/09
- Operative Report, 06/07/10
- Progress Note, 09/02/11
- Lumbar Spine CT, 11/09/11

- Lumbar Spine MRI, 08/26/11
- New Patient Office Note, 10/04/11
- Established Patient Note, 01/06/12, 02/21/12, 08/21/12
- Clinical Assessment, 01/13/12
- Psychological Evaluation, 05/21/12, 06/07/12
- Required Medical Examination (RME), 08/07/12
- Request for Authorization, Undated
- Complete Rationale for Pre-Authorization, 01/17/13
- Denial Letters, 01/18/13, 02/21/13
- Complete Rationale for Pre-Authorization, 02/20/13

PATIENT CLINICAL HISTORY [SUMMARY]:

This is the case of a patient born on xx/xx/xx who injured himself on xx/xx/xx while working on his back. He developed back pain and was seen the next day and, subsequently, at the same clinic.

He was seen on 11/07/08 with low back and right lower extremity pain and decreased range of motion with a positive straight leg raising test on the right. The crossed straight leg raising test was positive and an MRI scan was recommended.

The patient continued to follow and on 04/15/09, an MRI scan of the lumbar spine was performed, which revealed a small right paracentral herniated disc at L4-L5 with a right L5 root compromise and a small left paraspinal herniated nucleus pulposus at L5-S1 with minimal L1-L2 stenosis.

Conservative measures were followed and the claimant was seen. also saw the claimant, as did, as a Designated Doctor.

recommended epidural steroid injections (ESIs) and performed those with, at one point, 70% temporary relief.

Subsequently, the patient was seen and a Peer Review was completed. A follow up MRI scan was done on 05/27/10, which showed an increase in the L5-S1 protrusion and a small right paracentral L4-L5 herniated disc. The patient variously was using a wheelchair, a cane, et cetera, following his surgery.

The surgery performed was performed on 06/07/10 at L4-L5 right and L5-S1 right with a microdiscectomy and foraminotomy. Post-operatively, the patient was initially in a wheelchair. He was very anxious and was on Lyrica and Xanax. Therapy finally was recommended and the patient switched to a cane. He had a slow progressive course and was seen and for Maximum Medical Improvement (MMI), which was suggested at 09/17/10 with ten percent.

followed the patient for about six visits between November of 2010 and May of 2011 with basically the same findings.

followed the patient. A Functional Capacity Evaluation (FCE) was performed, which suggested that the claimant was at a sedentary level of functioning.

By May of 2011, he was laid off. He continued to see with pain at the incision and low back swelling. He then was seen with low back pain with radiculopathy and an MRI was performed, which showed an L4-L5 median right paracentral herniated disc going to the L5 nerve root. The other annular bulges were present, but not to the root.

He continued to see and continued to be followed. Three ESIs were given without relief on a permanent basis.

Subsequently, the patient saw, an orthopedic spine surgeon, with low back pain and the history was reviewed. He reported right lower extremity pain with minimal relief from the accident and the patient was on Norco four times daily, Norflex, and gabapentin, six per day.

ordered a myelogram/ CT scan, which showed a right laminectomy at L4-L5 with a broad protrusion to the intravertebral foramen with impingement upon the L5 and displacing the S1 root. The L5 was narrowed with some degenerative disease also noted at L1-L2.

in January of 2012, felt that the worsening condition with pain at 6-7/10 level was worsening. A discogram was suggested before he did an L4-L5 and L5-S1 posterior lumbar interbody fusion (PLIF). Neurologically, the patient was fortunately normal.

Precision Pain Consultants/ saw the patient, noting that flexion increased the pain. did another Peer Review on the claimant on 02/12/12 and recommended discontinuing the Norco and the antidepressant per the Official Disability Guidelines (ODG). It was to be done 25 percent per week for four weeks. A video revealed the patient to be a musician as a lead singer. He was standing and playing his instrument, and even sitting comfortably.

Finally, the patient had a psychological evaluation on 05/22/12, who noted the medications on which he had been placed and it was felt that he had psychological problems with a general medical condition and he was a poor candidate to get relief from the procedure proposed.

on 08/09/12, performed an RME and dictated an extremely extensive in-depth summary of the entire case and felt that an L4-L5 posterior lumbar interbody fusion was the only level indicated.

In evaluation on 08/21/12, the patient states his quality of life is poor given his pain, and the proposed surgery was discussed.

reviewed the case on 01/12/13 and felt that the two-level posterior lumbar interbody fusion should be denied and it was not approved.

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

The request for the L4-L5 and L5-S1 posterior lumbar interbody fusion with length of stay of three days is not medically reasonable and necessary. The records reviewed indicate this patient has, more likely than not, just an L5 radiculopathy, and do not support physical findings for the requested surgery. The pathology that was noted pre-operatively is still present and has never been totally relieved. With the patient's age being I do not think a two-level posterior lumbar interbody fusion is medically indicated. Further, there is no evidence of instability and the patient is having one-sided complaints consistently, which at most would indicate a possible one-level, one-sided L4-L5 laminotomy, discectomy, and foraminotomy, making sure that the facet was preserved, but not an L4-L5 and L5-S1 posterior lumbar interbody fusion. Regardless, the

psychological evaluation suggested that surgery is unlikely to provide this patient any significant pain relief due to a psychological component, depressive disorder. Therefore, at this time I do not feel the requested surgical procedure is medically reasonable.

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

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**