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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/16/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Posterior lumbar decompression fusion instrumentation L4-L5, LOS 1, possible L3-L4 L5-S1

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 this reviewer that medical necessity for the requested Posterior lumbar decompression fusion instrumentation L4-L5, LOS 1, possible L3-L4 L5-S1 is not established

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Physical therapy exercise flow sheet 06/21/13-06/27/13
Physical therapy reports 06/21/13 and 06/27/13
Pain management report 04/16/13
History and physical 08/31/98
Operative report 03/31/98
Pathology report 09/09/98
MRI lumbar spine 11/28/06
MRI lumbar spine 10/29/08
MRI lumbar spine 07/20/10
MRI lumbar spine 10/29/12
MRI lumbar spine 06/28/13
Clinical records 05/08/13
CT lumbar spine 06/06/13
Clinical note 06/12/13
Clinical note 07/03/13
Clinical note 08/19/13
Clinical note 07/25/13
Prior reviews 07/23/13 and 08/02/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who initially sustained an injury on xx/xx/xx. The patient injured her low back. The patient was status post redo L4-5 and L5-S1 laminectomy to the right side in 08/98. MRI of the lumbar spine from 10/29/12 demonstrated positive changes at L4-5 and L5-S1 with disc dehydration and mild loss of the disc height at L4-5. There was some residual facet hypertrophy in addition to disc bulging

contributing to right lateral recess stenosis. There was ligamentum flavum hypertrophy with facet arthrosis contributing to left lateral recess stenosis and bilateral neural foraminal stenosis. At L5-S1 there was disc dehydration and mild disc bulging with marked left facet arthrosis and hypertrophy contributing to right lateral recess stenosis. At L3-4 there was a disc protrusion with endplate osteophyte formation and mild spondylosis contributing to mild recess and neural foraminal encroachment. The patient was seen on 05/08/13 for an initial evaluation. The patient indicated that she continued to have complaints of low back pain radiating to the left lower extremity with increasing amounts of weakness.

Physical examination demonstrated protective gait for the right lower extremity. No weakness was present in the lower extremities or left lower extremity however the right lower extremity demonstrated significant weakness of the soleus peroneals extensor halluc longus and tibialis anterior. There was decreased sensation in the lateral calf and dorsum of the right foot and reflexes were 1+ at the patella and trace at the Achilles. Radiographs showed a spondylolisthesis at L4-5. There were recommendations for posterior fusion with instrumentation at L4-5 with possible decompression and fusion at L3-4 with possible decompression at L5-S1. CT of the lumbar spine on 06/06/13 showed mild disc bulging at L3-4 with encroachment of the lateral recesses. At L4-5 there was a right hemilaminectomy defect with a 3mm anterolisthesis of L5 and L4 on L5. There was a laminectomy defect and the thecal sac was displaced to the right side with effacement of both the left and right neural foramina and lateral recesses. There was evidence of contact of the left L4 nerve root. At L5-S1 there was a mild posterior disc protrusion with moderate left facet hypertrophy and left sided neural foraminal stenosis. MRI of the lumbar spine from 06/20/13 again showed previously noted laminectomy changes with a disc protrusion at L4-5 contributing to left nerve root displacement within the foramina. There was no canal stenosis. Mild canal stenosis was present at L3-4 and at L5-S1 there were widely patent neural foramina and spinal canals with scar tissue suggested within the right lateral recess. Follow up on 06/12/13 indicated that prior treatment included spinal cord stimulator trials use of a TENS unit and intrathecal drug pump taken out due to infection. Medications included duragesic patches however the patient reported these were ineffective in controlling her pain. The patient had recent physical therapy in 06/13 with no significant relief. There were recommendations for clearance regarding cardiology and infectious disease. Follow up on 08/19/13 stated that the patient continued to have numbness and weakness with pain in the right lower extremity and low back pain. Physical examination continued to show antalgic gait with weakness in the right lower extremity as previously noted. Straight leg raise was positive to the right and sensation was decreased in the lateral calf and dorsum of the right foot. There was mild spondylolisthesis at L5-S1 and early spondylolisthesis at L4-5. The requested posterior lumbar decompression and fusion with instrumentation at L4-5 with a one day length of stay possibly decompression and fusion at L3-4 and decompression at L5-S1 was denied by utilization review on 07/23/13 the previous reviewer opined that lumbar decompression may be appropriate however without documented instability the proposed lumbar fusion at L4-5 and possibly L3-4 and L5-S1 was not substantiated. The request was again denied by utilization review on 08/02/13 as there was insufficient evidence supporting lumbar decompression or fusion at L3-4.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for ongoing complaints of low back pain radiating to the right lower extremity with associated weakness. This has been noted on the clinical records submitted for review. The most recent imaging studies of the lumbar spine showed primarily left sided pathology at L4-5 and L3-4 and L5-S1. Clinical documentation does not clearly show any evidence of instability on flexion or extension views indicative of mechanical instability as defined by the current evidence based guidelines. Furthermore pain generators have not been fully established. There is no documentation of any selective nerve root blocks or other attempts to determine pain generators that would clarify what levels the patient may potentially need surgical intervention. No further diagnostic testing to further clarify the findings was available for review such as electrodiagnostic studies. Finally the clinical documentation did not include a psychological evaluation determining that the patient was an appropriate candidate for lumbar fusion without any indication for confounding issues that would meet guideline

recommendations. As such it is the opinion of this reviewer that medical necessity for the requested Posterior lumbar decompression fusion instrumentation L4-L5, LOS 1, possible L3-L4 L5-S1 is not established per guideline recommendations and the prior denials are upheld.

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)