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Notice of Independent Review Decision

Date notice sent to all parties: 9/3/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L5-S1 ALIF with 2 Day LOS, Co Surgeon, Spinal Cord Monitoring 95941

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

Texas Licensed, Board Certified Orthopedic Surgeon

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 of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. 12/23/11 Operative Report
2. 10/10/2011 Lumbar Spine MRI Without Contrast
3. 12/1/2011-7/18/13 notes
4. Post Procedure Pain Log
5. 12/1/11 Radiology Report
6. 9/13/11-10/26/11 SOAP Notes
7. 2/16/12 tests
8. 10/7/11 Lumbar Spine MRI without Contrast
9. 7/3/13 and 8/12/13 Denial Letters
10. 5/23/13 Surgery Scheduling Slip
11. 7/25/13 Labs
12. 6/25/13 Psychological Recheck
13. 9/21/11 Nerve Conduction Study and Carotid Doppler Duplex Ultrasound
14. 9/6/11 DDE
15. 2/24/12 Consultation
16. Notice of IRO Assignment
17. LHL009
18. 4/02/13 Operative Report and Radiography Note
19. 1/28/13 MRI Lumbar Spine with and without Contrast
20. Physical Therapy Notes 10/10/2012-11/27/2012
21. 9/19/12 Radiology Report
22. 9/19/12 Operative Report
23. 2/17/2012 Behavioral Medicine Evaluation
24. 3/4/12 DDE Report

PATIENT CLINICAL HISTORY [SUMMARY]:

A report of a lumbar MRI scan done on 10-7-11 with a clinical history of "Low back pain" describes non-specific degenerative changes at the lower three lumbar levels and does not describe evidence of an acute injury or evidence of nerve root compromise. A medical record indicates that the patient was seen on 12-1-11 with a complaint of "Low back pain with radicular symptoms into bilateral legs". There was no description of objective abnormal physical findings. There was no description of abnormal neurological findings. Her previous lumbar MRI scan was not described as demonstrating nerve root compromise. A lumbar epidural injection was recommended. A medical record indicates that the patient was seen on 1-5-12 following a lumbar epidural injection. She was said to have had no significant improvement following that. She was said to have left-sided tibialis anterior and EHL weakness. Lumbar decompressive surgery was recommended. A report of bilateral lower extremity electrodiagnostic studies done on 2-16-12 does not clearly describe

significant electrodiagnostic findings. A medical record indicates that the patient underwent decompressive surgery done on the left at the L5-S1 level on 9-19-12. A report of a lumbar MRI scan done on 1-28-13 with a clinical history of "Low back pain" describes postoperative changes and non-specific degenerative changes but does not describe evidence of nerve root compromise. A medical record indicates that the patient was seen on 7-18-13 at which time her complaints were not documented. An anterior lumbar fusion at the L5-S1 level was recommended.

is said to have injured her lower back while working on xx/xx/xx. She had following this complaints of lower back pain and bilateral lower extremity symptoms. A report of a lumbar MRI scan prior to her surgery of 9-19-12 did not describe evidence of nerve root compromise. Prior to that surgery there was no description of consistent abnormal neurological findings. Despite this the patient underwent lumbar decompressive surgery done on 9-19-12 and has had appeared persistent complaints despite this. A report of a lumbar MRI scan done on 1-28-13 with the clinical history of "low back pain" describes only postoperative changes and non-specific degenerative changes and does not describe evidence of nerve root compromise. Despite this an anterior lumbar fusion at the L5-S1 level has been recommended.

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

The patient's symptoms prior to the surgery of 9-19-12 were clearly of mechanical origin rather than of neurological origin and the appropriate diagnosis would be that of a lumbar sprain as indicated by ICD-9 code 847.2. ODG does not support the necessity of the surgical procedure that was performed on 9-19-12 and there is no reason to believe that the patient would have benefited from that surgery. She has had since the time of that surgery apparent persistent symptoms. The current diagnosis would continue to be that of a lumbar sprain as indicated by ICD-9 code 847.2. ODG does not indicate that the proposed anterior lumbar fusion to be done at the L5-S1 level is appropriate. I know of no basis to believe that the proposed surgery would be a predictable benefit. Furthermore the failure of an inappropriate surgical procedure is not an indication for a second inappropriate surgical procedure. The denial is upheld.

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

- ACOEM- AMERICAN 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): The Medical Disability Advisor, 6th edition, under ICD-9 code 847.2