

IRO Express Inc.

An Independent Review Organization

Phone Number:
(682) 238-4976

2131 N Collins PMB 433409
Arlington, TX 76011

Fax Number:
(817) 385-9611

Email: iroexpress@irosolutions.com

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Neurosurgeon

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)

Description of the service or services in dispute:

CT guided drainage seroma left L4/5

Patient Clinical History (Summary)

The patient is a male who sustained an injury on xx/xx/xx. The patient was followed for complaints of low back pain radiating to the lower extremities. The patient underwent prior exploration of lumbar fusion with redo decompression from L3 through S1 with removal of the previous hardware from L4 through S1 on 12/20/13. Post-operatively the patient reported improving symptoms in the lower extremities including increase in strength. As of 08/05/14 the patient had continued difficulty with sleeping at night due to lower extremities symptoms. Electrodiagnostic studies showed evidence of mixed polyneuropathy and chronic radiculopathy at multiple levels. MRI on 08/27/14 noted anterior fusion with extensive laminectomy and partial facetectomy changes. There was no mass effect of the thecal sac or nerve roots. There was a fluid collection posteriorly in the extra spinal soft tissues more left than right at the midline. No neurocompressive findings were identified. Clinical record from 09/30/14 noted ongoing complaints of low back pain and foot drop to the left. Previously the patient had fluid collection at L4-5 which after aspiration of the fluid collection resulted in improvement in foot drop. The patient described progressively worsening foot drop at this visit. Physical examination noted weakness on left sided dorsal flexion and extension 2-3/5. Sensation was intact. The requested seroma drainage with CT guidance was denied on 10/14/14 as there was no diagnostic evidence for infection and MRI was not available for review. The request was again denied on 11/05/14 as there was no indication that fluid collection was impinging on any of the neurological structures.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Clinical documentation submitted for review reported ongoing peripheral neuropathy with mixed poly radiculopathy on electrodiagnostic studies. In review of prior physical examinations there has been progression of a left ankle foot drop as of 09/30/14. In review of MRI there was evidence of a seroma at L4-5 without any obvious neurocompression. Analysis again the patient has been followed for post-operative pain in the lumbar spine extending into the lower extremities. Clinical documentation establishes a progression of foot drop at the left ankle since 04/14. MRI shows seroma at L4-5. Given that the patient had similar symptoms in the past which were alleviated with seroma drainage it is reasonable to expect further improvement of the foot drop currently noted on exam with a repeat CT guided drainage of the seroma. Physical examinations are notable for the progressive foot drop to the left which would indicate that there is neurocompression in the lumbar spine that may not be of easily visible on MRI. Therefore the reviewer would therefore it is the opinion of this reviewer that the

proposed procedures are medically necessary and prior denials are overturned.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of
- Chronic Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)