

An Independent Review Organization
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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:

1. Spinal surgery, Bilateral L5-S1 360 degree lumbar fusion with in-patient stay
2. Two-day inpatient

Patient Clinical History (Summary)

The patient is a male who reported an injury on xx/xx/xx while falling backwards on his buttocks, low back, and shoulder. The patient was initially followed for complaints of low back pain with initial radiographs showing no evidence of acute trauma on the date of injury. The patient also described numbness and pain in a right lower extremity distribution. Conservative treatment did include physical therapy through February of 2014. The patient also underwent 1 epidural steroid injection in March of 2014. Medications included the use of Norco and over the counter Aspirin. MRI studies of the lumbar spine completed on 12/04/13 noted a moderate to large disc osteophyte complex at L5-S1 more prominent in a right paramedian area with contact of the S1 nerve roots and posterior displacement of the right S1 nerve root. There was moderate to severe right and moderate left foraminal stenosis at L5-S1. Electrodiagnostic studies were recommended for the patient; however, this was not available for review. Lumbar CT myelogram studies from 06/25/14 noted disc space narrowing at L5-S1 with a mild to moderate amount of facet disease. Again, there was noted right lateral recess and foraminal stenosis to the right at L5-S1 with the potential for nerve root contact. The clinical evaluation on 07/11/14 indicated that the patient had no relief from conservative treatment to include epidural steroid injections, physical therapy, or medications. The patient continued to report radiating pain to the lower extremities more severe to the right as well as low back pain. The patient's physical examination noted a positive straight leg raise to the right with mild weakness at the tibialis anterior and extensor hallucis longus. There was loss of the Achilles reflex at the right as compared to the left side. felt that there were no psychological issues for the patient; however, the patient did attend a psychological evaluation on 09/12/14 which found no contraindications for surgical intervention.

The proposed L5-S1 360 degree lumbar fusion with a 2 day inpatient stay was denied by utilization review on 09/26/14 as a full physical examination had not been provided.

The request was again denied on 10/06/14 as there was no documentation regarding weakness in an S1 nerve root distribution to correlate with imaging and no evidence of instability at L5-S1.

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

In review of the clinical documentation submitted, there is sufficient evidence to support the proposed bilateral L5-S1 360 degree lumbar fusion with a 2 day inpatient stay. Imaging studies do note evidence of nerve root involvement at L5-S1 due to a combination of a disc osteophyte complex as well as spondylitic disease and degenerative collapse of the disc space. The patient has failed a reasonable conservative treatment program that has included medications, physical therapy, and injections. The patient's physical examination findings did note weakness at the extensor hallucis longus to the right with loss of the right Achilles reflex and a positive right straight leg raise. These findings are consistent with a right S1 radiculopathy. Given the failure of conservative treatment to date and the objective findings consistent with lumbar radiculopathy involving the right S1 nerve root, surgical intervention would be warranted. Given the extent of the degenerative disc disease at L5-S1, it is highly unlikely that decompression would be adequate and would likely contribute to overall instability at the L5-S1 level. Therefore, the 360 degree lumbar fusion to prevent iatrogenic instability and stabilize the L5-S1 segment would be appropriate under guidelines. As the surgical request is felt to be medically appropriate, the requested 2 day inpatient stay would also be medically necessary and within guideline recommendations. Overall, the clinical documentation submitted for review does support the proposed procedures and inpatient stay. Therefore, it is this reviewer's opinion that medical necessity is established and the 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
- AHCPR-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)