

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jul/29/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 laminectomy, discectomy, and posterior lateral interbody fusions, with probable ILIF at L5-S1, an assistant surgeon, with 2 days inpatient hospital stay

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

Board Certified Neurosurgery

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx while bending over when he injured his neck and low back. The patient developed complaints of low back pain described as a burning pain. The patient is noted to have had prior back injuries. Medications had included the use of Hydrocodone and Methocarbamol. It is noted the patient was allergic to anti-inflammatories. The patient reported no relief from epidural steroid injections or physical therapy completed prior to the date of injury for an unrelated low back injury. Radiographs of the lumbar spine completed on 01/18/13 noted disc space narrowing as well as facet subluxation evident at L5-S1. MRI studies of the lumbar spine completed on 02/13/13 noted a moderate 5mm x 8mm right sided posterior paracentral disc herniation contacting the thecal sac as well as the right S1 nerve root sleeve. Electrodiagnostic studies from 10/16/13 noted evidence of a right peroneal mononeuropathy. No EMG findings were reported. The patient did have a preoperative psychological consult from 06/05/13 which did note moderate to severe depression and moderate anxiety. The patient's FABQ scores were clinically elevated. The psychological consult discussed possible benefits from a spinal cord stimulator trial but did not discuss a surgical clearance. There was a letter on 06/09/14 noting continuing dyesthesia in an L4-5 distribution with diminishing reflexes and positive straight leg raise findings. The patient reported worsening symptoms despite chiropractic therapy.

The requested laminectomy, discectomy, as well as posterolateral interbody fusion and probable interbody fusion at L5-S1 with an assistant surgeon and 2 day inpatient stay was denied by utilization review on 05/20/14 as there was no evidence for segmental instability,

prior surgery, infection, or 2 failed prior discectomies to warrant the surgical procedure.

The request was again denied by utilization review on 06/16/14 as the clinical documentation provided limited evidence regarding spinal instability and there was no documentation regarding a psychological evaluation for consideration of lumbar spinal fusion.

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

The patient has been followed for continuing complaints of low back pain that has not improved with chiropractic therapy or medications. From the reports, it appears that further physical therapy or epidural steroid injections were not considered due to poor response to these modalities prior to the date of injury. Imaging studies did note a disc protrusion at L5-S1 contacting the thecal sac as well as the right S1 nerve root sleeve without evidence of any severe spondylolisthesis or disc space collapse. Electrodiagnostic studies were limited and did not identify evidence for lumbar radiculopathy at an L5 or S1 distribution. The patient's psychological consult discussed a spinal cord stimulator but did not discuss surgical intervention such as lumbar fusion. There are no updated evaluations for this patient after February of 2013. Given the very limited evidence for a lumbar radiculopathy given the equivocal electrodiagnostic study findings as well as the lack of a recent physical examination and as the patient did not undergo specific psychological evaluation to address confounding issues that could possibly impact postoperative recovery from a lumbar fusion, it is this reviewer's opinion that the proposed procedures would not be supported as medically necessary per guideline recommendations. Therefore, the prior denials remain upheld.

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