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Notice of Independent Review Decision

DATE OF REVIEW: January 24, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4-5, S1 laminectomy, discectomy, fusion with instrumentation, implantable bone growth stimulator, two days inpatient stay (53030, 63035, 22612, 22614, 22851, 20931, 22842, 20975, 22325, 22328, 22533, 22534, 62290, 20926, 20930).

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

M.D., Board Certified in Orthopedic 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)

The requested L4-5, S1 laminectomy, discectomy, fusion with instrumentation, implantable bone growth stimulator, two days inpatient stay (53030, 63035, 22612, 22614, 22851, 20931, 22842, 20975, 22325, 22328, 22533, 22534, 62290, 20926, 20930) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 1/3/14.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 1/3/14.
3. Notice of Assignment of Independent Review Organization dated 1/6/14.
4. Denial documentation dated 12/12/13 and 12/19/13.
5. Pre-Authorization request undated.

6. Lumbar spine x-ray dated 12/20/13.
7. New patient surgical consultation dated 8/6/13.
8. MRI of lumbar spine dated 11/3/09, 6/21/13 and 8/7/13.
9. Electrodiagnostic results dated 11/23/13.
10. Clinic notes dated 9/16/13 and 10/9/13.
11. Psychological assessment dated 9/25/13.
12. Letters dated 12/20/12 and 5/24/13.
13. Clinic notes dated 4/12/13.
14. Electromyogram and nerve conduction report dated 3/10/10.
15. Operative report dated 8/31/11.
16. Letters dated 1/26/10, 3/22/10 and 8/1/11.
17. MRI of the left forearm dated 11/12/09.
18. X-ray thoracic spine dated 11/3/09.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported a work-related injury on xx/xx/xx as the result of a fall. The patient reports low back pain with radiation to the bilateral lower extremities. The MRI of the lumbar spine dated 6/21/13 revealed the suggestion of bilateral defects of the L5 pars interarticularis; mild retrolisthesis at L2-3 and L3-4; there was mild scoliosis curve to the left; multilevel disc bulging, spondylosis and degenerative disc disease; mild narrowing of the central canal at L2-3, L3-4 and L4-5 and foraminal narrowing at multiple levels, most pronounced bilaterally at L5-S1. The clinical note dated 8/6/13 documented that the patient presented with back pain with numbness and tingling to the left lower extremity and failure of conservative treatment. The provider documented that the patient was 73 inches tall with a weight of 300 pounds. The provider documented that the patient reported that his back pain was worse than his leg pain. The provider documented that x-rays performed in clinic of flexion/extension views revealed standing lateral neutral film with a normal functional spinal unit at L2-3 measuring 13mm and L3-4 measuring 12mm. L4-5 measured 6mm with a noted total collapse of 7mm. L5-S1 was noted to be bone-on-bone, measuring 1mm. The provider documented that at the L4-5 and L5-S1 discs, the patient met clinical instability criteria by the Official Disability Guidelines (ODG) for functional spinal unit collapse and mechanical instability. Upon physical exam of the patient, the provider documented that the patient had a positive spring test, inner iliac crest line, positive extensor lag, positive sciatic notch tenderness on the left, negative Fortin finger test, passive range of motion of his left hip limited and painful and positive heel slap. In addition, the patient had a positive flip test on the left, positive Lasègue's on the left at 45 degrees, positive Bragard's, hypoactive knee jerks on the left, absent posterior tibial tendon jerks bilaterally, absent ankle jerk on the left and weakness of the gastroc-soleus, tibialis anterior and extensor hallucis longus on the left without atrophy. Paresthesias were reported in the L5-S1 nerve root distribution to the left. The provider documented that the patient had two options, to continue with conservative treatment with chronic pain management or to proceed with surgical correction. The provider recommended a reduction of subluxation and correction of spondylolysis at L4-5 and L5-S1 with possible decompression for the stenosis at L3-4. In addition, the provider recommended an implantable bone growth stimulator due to the patient's size. An electrodiagnostic study of the bilateral lower extremities performed on 11/23/13 revealed electrical evidence for a bilateral L5 radiculopathy; electrical severity was moderate to

severe; and the findings on the nerve conduction study reinforced the presence of a radiculopathy. Lumbar spine x-rays performed on 12/20/13 revealed pan lumbar spondylosis and 4mm of flexion/extension motion at L4-5 and 3mm of flexion/extension motion at L2-3 and L3-4.

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

Official Disability Guidelines indicate that for chronic low back problems, fusion should not be considered within the first six months of symptoms, except for fracture, dislocation or progressive neurologic loss. Guidelines note that indications for spinal fusion may include neural arch defect, segmental instability, primary mechanical back pain, revision surgery and infection and tumor or deformity of the lumbosacral spine. In this case, the patient presents with diagnostic study evidence of a moderate to severe bilateral L5 radiculopathy, imaging study evidence of instability at L4-5 with 4mm of flexion/extension motion and 3mm of flexion/extension motion at L2-3 and L3-4. The patient had dynamic instability on flexion-extension films from L2-5, but not at L5-S1. There was mild central stenosis from L2-5 and L5-S1 foraminal narrowing. In sum the documentation submitted for review does not show dynamic instability at L5-S1 on his flexion-extension views. In accordance with the above, I have determined that the requested L4-5, S1 laminectomy, discectomy, fusion with instrumentation, implantable bone growth stimulator and two days of inpatient stay (53030, 63035, 22612, 22614, 22851, 20931, 22842, 20975, 22325, 22328, 22533, 22534, 62290, 20926, 20930) is not medically necessary for treatment of the patient's medical condition.

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 JUDGMENT, 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)