

Applied Assessments LLC

An Independent Review Organization

2771 E. Broad St. Ste. 217 PMB 110

Mansfield, TX 76063

Phone: (512) 333-7997

Fax: (512) 519-7997

Email: admin@appliedassessments.net

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jan/16/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar revision and exploration at L4-5 with a 1 day inpatient 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Physical therapy notes dated 11/26/12 & 02/19/13

Clinical reports dated 01/27/12 & 03/20/12

MRI of the lumbar spine dated 08/30/10

Radiographs of the lumbar spine dated 02/15/11

MRI of the lumbar spine dated 05/17/11

Radiographs of the lumbar spine dated 06/19/12

CT myelogram of the lumbar spine dated 06/20/12

Electrodiagnostic studies dated 06/28/12

CT of the lumbar spine dated 09/25/12

CT myelogram study of the lumbar spine dated 06/11/13

MRI of the lumbar spine dated 08/06/13

Radiographs of the lumbar spine dated 11/08/13

MRI of the lumbar spine dated 11/08/13

Clinical reports dated 09/22/10 – 10/09/12

Clinical report dated 01/22/13

Clinical report dated 04/23/13

Clinical report dated 06/18/13

Clinical report dated 08/07/13

Clinical report dated 10/08/13

Clinical report dated 11/12/13

Prior utilization reports dated 08/21/13 & 08/23/13

Utilization review reports dated 10/14/13 & 11/19/13

Prospective IRO review response dated 12/16/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. The patient described feeling a pop in the low back with immediate severe pain radiating to the left lower extremity. The patient has had a history of prior lumbar fusion procedures at L3-4 and L4-5. CT studies of the lumbar spine from 06/11/13 showed postoperative changes at L3-4 and at L4-5. There was mild disc bulging present at L3-4 measuring 2mm. No focal disc herniations or protrusions were noted at L4-5 and there was prior fusion changes noted at both levels. Further MRI studies of the lumbar spine from 08/06/13 showed a disc stabilization device present at the L4-5 level. Soft tissue signal intensity was noted within the left lateral recess at L4-5 distorting the thecal sac with marked narrowing of the lateral recess. There were concerns regarding a possible recurrent disc herniation versus scar tissue formation. Further radiographs studies of the lumbar spine from 11/08/13 showed a disc spacer at L4-5. Normal alignment was noted and there was no evidence of subluxation on flexion or extension views. Repeat MRI studies of the lumbar spine from 11/08/13 showed prior discectomy changes with a slightly enhancing mass in the line along the left posterolateral margin of the disc. The assessment was limited due to spinal hardware. The canal and neuroforamina appeared widely patent at this level. No evidence of failed fusion or pseudoarthrosis was noted on the imaging studies. From the clinical notes, the patient has been followed for ongoing complaints of numbness in the left lower extremity as well as low back pain. Physical examination findings from 11/12/13 did not report any neurological findings. felt that there were findings at L4-5 to the left side concordant with the patient's symptoms for which he would benefit from exploration and revision at L4-5.

The exploration and revision procedures requested were denied by utilization review as additional MRI studies were recommended. The denial report from 11/19/13 indicated there was no sensory or motor function loss documented. There was no documentation regarding current conservative modalities other than oral medications. There was also no documentation regarding a recent psychosocial screening.

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

The patient has been followed for ongoing complaints of chronic low back pain with numbness in the left lower extremity. The patient has had multiple lumbar surgical procedures to include lumbar posterolateral and interbody fusion from L3 to L5. On review of the provided imaging from 2013, the imaging reports did not specifically identify evidence of pseudoarthrosis at L4-5. The most recent MRI findings did not identify any substantial neuroforaminal compromise or canal stenosis at L4-5 that would reasonably contribute to the patient's ongoing complaints. The enhancing mass noted on MRI studies of the lumbar spine from 11/08/13 were not adequately identified due to artifact; however, given the lack of any canal or neuroforaminal compromise and the lack of evidence regarding any instability or pseudoarthrosis at L4-5, it is this reviewer's opinion that the requested exploration and revision procedures at L4-5 are not supported as medically necessary at this time. Therefore, the prior denials are 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