

# C-IRO Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Feb/17/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** L4-L5 miniopen TLIF

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Orthopedic Surgery, Fellowship Trained Spine 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of this reviewer that the request for an L4-L5 miniopen TLIF is not recommended as medically necessary.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

MRI of the lumbar spine dated 02/04/13

Clinical note dated 05/20/13

Clinical note dated 05/28/13

Work hardening rationale note dated 06/11/13

Occupational medicine note dated 06/14/13

Clinical note dated 06/28/13

Clinical note dated 08/16/13

Radiology report dated 09/07/13

Clinical note dated 09/10/13

Clinical note dated 10/29/13

MRI of the cervical spine dated 10/29/13

Clinical note dated 11/12/13

Operative report dated 11/12/13

X-rays of the cervical spine dated 11/26/13

Therapy note dated 12/13/13

Adverse determinations dated 10/11/13 & 12/11/13

Records review dated 12/19/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who reported an injury to his low back. The patient stated that he fell backwards to the ground from a platform. The MRI of the lumbar spine dated 02/04/13 revealed a diffused disc bulge at L4-5 causing mild central canal narrowing. A minimal disc bulge was also noted at L3-4. A 1.6cm left sided sacral lesion was noted as well. The clinical note dated 05/20/13 indicates the patient continuing with low back complaints. The patient was recommended for a work conditioning/work hardening program at that time. The clinical note dated 05/28/13 indicates

the patient stating the fall was from approximately a 4.5 foot platform. The patient continued with complaints of lower lumbar regional pain. The note indicates the patient having a 25 week history of low back pain. The patient stated that the pain was intermittent. The patient rated the pain as 3/10 at that time. The note does mention the patient having previously undergone physical therapy for the low back complaints. The patient was noted to have complaints of numbness in the right lower extremity. The note mentions the patient's right leg giving way in the midst of the office visit. The work hardening rationale note dated 06/11/13 mentions the patient being recommended for 10 sessions of an intensive trial of a work hardening program.

The clinical note dated 08/16/13 mentions the patient continuing with 2-7/10 pain in the low back. The patient stated that he was compliant with treatments; however, the patient noted non-compliance while at work. The patient stated he had been doing lifting of heavy objects as well as frequent bending and the use of a sledgehammer. The note mentions the patient having previously undergone a mental health evaluation resulting in the patient being recommended for continued treatment. The clinical note dated 09/10/13 indicates the patient being recommended for an L4-5 discectomy and fusion. The operative report dated 11/12/13 indicates the patient undergoing an ACDF at C3 through C6. The clinical note dated 11/12/13 mentions the patient having exacerbated his leg pain. The therapy note dated 12/13/13 indicates the patient having completed 1 physical therapy session.

The utilization review dated 10/11/13 resulted in a denial for a lumbar fusion as no information was submitted confirming the likely benefit of the proposed procedure as no information was submitted regarding a failure of 2 discectomies on the same disc.

The utilization review dated 12/11/13 resulted in a denial as no psychological clearance was submitted. Additionally, no definitive evidence of a radiculopathy was confirmed by EMG.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The documentation submitted for review elaborates the patient complaining of ongoing low back pain. A fusion would be indicated in the lumbar region provided the patient meets specific criteria to include x-rays confirming the patient's spinal instability and a psychosocial screening has been completed addressing any confounding issues as well as potential outcomes of the impending surgical intervention. No information was submitted regarding the patient's x-rays confirming the patient's instability specifically at the L4-5 level. Additionally, no information was submitted regarding the patient's psychosocial screening. Given these findings, the proposed TLIF at L4-5 does not appear to be appropriate for this patient at this time. As such, it is the opinion of this reviewer that the request for an L4-L5 miniopen TLIF is not recommended as medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**ACOEM-AMERICA 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 JUDGEMENT, 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)**