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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Mar/10/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 2 day inpatient stay for L5-S1 open 360 fusion

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Neurological 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 this reviewer's opinion that medical necessity for the proposed 2 day inpatient stay for L5-S1 open 360 fusion is not established

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who was involved in a motor vehicle accident on xx/xx/xx. The patient is noted to have had a prior history of both neck and low back pain. Radiographs of the lumbar spine from 10/05/12 identified maintained discs without trauma in the lumbar spine. MRI studies of the lumbar spine dated 10/05/12 identified a moderate sized left sided disc herniation at L5-S1 with associated disc desiccation producing effacement of the ventral aspect of the thecal sac without substantial canal stenosis. There was narrowing of the left lateral recess with contact of the underlying left S1 nerve root. Mild narrowing of the left neuroforamina was present; however, there was no evidence of a left L5 nerve root impingement. No right sided foraminal stenosis was apparent. The patient is noted to have been recommended for an interdisciplinary pain management program in December of 2012. The patient was then seen on 01/03/13. The patient reported continuing complaints of low back pain radiating to the lower extremities. Medications at this visit included Tramadol for pain.

The patient's physical examination demonstrated positive straight leg raise findings reproducing pain in the buttocks and thigh. No lower extremity radiating symptoms were reproduced. There was loss of lumbar range of motion; however, there were no motor or reflex deficits identified. Epidural steroid injections were recommended and the patient was prescribed Lorzone. The patient did have epidural steroid injections performed that provided substantial relief. The patient was referred back for physical therapy due to the relief obtained with epidural steroid injections. The patient returned on 08/23/13 with continuing complaints of low back and lower extremity pain to the left despite physical therapy. The patient described radiating pain to the buttocks and thigh. Physical examination reported L5 paresthesia and weakness to the left. No specifics were reported. indicated that there was

severe segmental collapse at L5-S1 with anterolisthesis. The patient was recommended for a 360 degree lumbar fusion at L5-S1. The patient did undergo a psychological evaluation on 12/09/13. There was noted high risks for opiate misuse based on COMM testing. The patient was felt to be a good candidate for surgical intervention.

The request for an L5-S1 lumbar 360 degree fusion with a 2 day inpatient stay was denied by utilization review on 01/31/14. There was no indication of any instability at L5-S1 or imaging evidence of spondylolisthesis. No other recent imaging was available for review.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for chronic complaints of low back pain radiating to the left lower extremity. Imaging of the L5-S1 segment did show a component of degenerative disc disease with a disc protrusion contributing to left lateral recess stenosis. The radiologist did recommend correlation for a possible left S1 radiculopathy. The patient presents with complaints of pain radiating to the left buttock and thigh. There was no indication that the patient had any radiating pain to the lower extremity in an S1 distribution. The last physical examination reported dysesthesia and weakness in the left lower extremity; however, no specific dermatomal or myotomal findings were noted. Imaging did not identify any severe collapse of the disc space or motion segment instability and there are no other updated MRI studies of the lumbar spine provided for review supporting the surgical request. Given the absence of any clear objective findings indicating the presence of a left S1 radiculopathy and as there is no contributory instability or severe degenerative disc disease that would warrant fusion procedures, it is this reviewer's opinion that medical necessity for the proposed 2 day inpatient stay for L5-S1 open 360 fusion is not established at this time per guideline recommendations. Prior denials upheld.

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)