

# Applied Assessments LLC

An Independent Review Organization

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## **Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Neurosurgeon

**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)

## **Description of the service or services in dispute:**

\*EPISD\* posterior lateral instrumentation fusion

## **Patient Clinical History (Summary)**

The patient is a female who sustained a work related injury on xx/xx/xx that resulted in injury to her right shoulder as well as her low back. She underwent epidural steroid injection in the left side at L4-5 and left L5-S1 with no relief from symptoms. She has had physical therapy without any significant relief of symptoms. Her most recent MRI dated 11/11/14 revealed that at the L4-5 level moderate bilateral facet joint hypertrophy with 5mm ligamentum flavum hypertrophy. Small facet joint fusion. Grade 1 spondylolisthesis. Disc desiccation and annular bulging with broad based 5 mm posterior disc herniation. Moderate central spinal canal stenosis. Superimposed 6mm disc herniation to the right neural foramen, impinging the exiting right L4 nerve root. Mild to moderate neural foraminal stenosis on the left.

Flexion and extension x-rays dated 11/11/14 showed a grade 1 anterolisthesis of L4 on 5. It is more prominent with extension. Decreased range of motion on flexion and extension. Facet arthropathy L4-5 and L5-S1 is noted. No fractures or bone lesions identified. Surgical clips seen in the pelvis. Soft tissues are unremarkable. Psychological evaluation dated 10/15/14 revealed that the patient is psychologically cleared for the spine surgery that has been recommended. There are no negative psychological prognostic indicators.

Prior utilization review on November of 2014, the reviewer denied the request, for no documentation of instability, no addendum to the MRI that shows spondylolisthesis at the L4-5 level.

Prior utilization review in October of 2014, the reviewer denied the request because of nonspecific requests as well as nonconcordant findings on physical exam in comparison with the provided MRI study

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The patient has been symptomatic for greater than 1 year, has failed conservative treatment consisting of physical therapy, epidural steroid injections, and medication management. She has had a psychological evaluation which has cleared her for surgery, has flexion and extension views which show an instability at the L4-5 level. Her MRI also reveals a spondylolisthesis at the L4-5 level with a broad based disc bulge creating bilateral foraminal narrowing. Based on the additional information submitted for review, medical necessity has been established for L4/5 posteriolateral fusion with interbody device. Prior utilization review denials are overturned.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- 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 and Treatment
- Guidelines Pressley Reed, the Medical Disability
- Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)