

Independent Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 05/11/2015

Review Outcome:

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

Neurosurgery

Description of the service or services in dispute:

Pre op Labs (CBC, CMP)

L5-S1 fusion

Pre op Urinalysis

Pre op Chest Xray

Pre op EKG

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)

Patient Clinical History (Summary)

The patient is a female who was originally injured on xx/xx/xx. The patient previously underwent lumbar spine fusion in 2003 and since the date of injury was followed for persistent complaints of low back pain despite physical therapy multiple injections and facet rhizotomy with limited benefit. The most recent CT of the lumbar spine on 10/15/14 noted cage at L5-S1 that was in the expected position. There was no extension into the neural foramen. The reading radiologist did not comment on the presence of pseudoarthrosis. The letter from on 10/15/14 indicated that the study did not clearly show that the L5-S1 fusion had solidly fused or that there was evidence for pseudoarthrosis. Nuclear bone medicine scans for lumbar spine dated 10/21/14 did not provide further evidence for pseudoarthrosis at L5-S1. felt in 11/14 that further surgical intervention was unlikely to provide the patient with any substantial benefit. The patient was then followed by for her persistent complaints of low back pain. indicated that he felt pseudoarthrosis at L5-S1 was the reason for the current complaints of low back pain. The 03/03/15 clinical record again noted that felt there was pseudoarthrosis at L5-S1. The patient underwent pre-operative psychological evaluation on 04/01/15 which found no underlying psychological issues that would reasonably impact post-operative recovery. The proposed L5-S1 spinal fusion was denied on 02/17/15 as there was no radiological evidence for spinal instability pre-operative psychological evaluation or evidence of motor and or sensory deficits. The request was again denied on 04/03/15 as there was no clinical documentation of psychological evaluation.

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

The patient was followed for persistent complaints of low back pain following the date of injury. The patient had remote lumbar spine fusion at L5-S1 in 2003. The patient continued to have low back pain complaints despite several interventional procedures including facet injections and radiofrequency ablation. No improvement was obtained with physical therapy or injections or medications. The patient

was not recommended for further surgical intervention by as he could not conclusively determine whether there was actually pseudoarthrosis at L5-S1 based on the provided CT. The patient was then seen by who opined there was pseudoarthrosis evident at L5-S1. As the CT provided for review did not conclusively show evidence of pseudoarthrosis and there was no further finding reported on the bone scans provided for review, the records would not support revising the lumbar spine as recommended by . There were no radiological addenda provided that confirmed the presence of pseudoarthrosis at L5-S1 to support surgical intervention. As such, it is this reviewer's opinion that medical necessity for the proposed surgery and pre-operative testing is not established and the prior denials are upheld.

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 AHCPR-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 Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)