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Date notice sent to all parties:

April 27, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

reconsideration for lumbar laminectomy of L4-L5-S1 with fusion and instrumentation with a 2 day inpatient stay

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Neurosurgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a xx year old with complaints of back pain. On 09/05/13, an MRI of the lumbar spine revealed at L4-5 the disc was partially desiccated with an anterior disc bulge and posterior diffused 2mm bulge. The central spinal canal had an impression by the bulging disc. The lateral neuroforamina were mildly narrowed bilaterally left more than right by hypertrophy of the facets. At L5-S1 the disc was partially dehydrated with a 1mm diffused bulge. The central canal had an impression by the disc bulge which was not significantly narrowed. The lateral neuroforamina were mildly narrowed at the inferior margins by prominence of the facet joints. After contrast there was no abnormal enhancement or signs of acute inflammation in the spine. On 12/22/14, the patient was seen for a mental health evaluation and was cleared for the lumbar laminectomy, discectomy, and fusion at

L4-5 and L5-S1. On 11/20/13, electrodiagnostic studies demonstrated no evidence of lumbar radiculopathy. On 03/11/15, the patient returned to clinic with pain rated at 8-9/10 to his lumbar spine. On exam, motor, sensory, and deep tendon reflexes were equal bilaterally with a non-focal neurological exam.

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

On 02/20/15, an adverse determination letter was submitted for the requested surgery procedure and it was noted conservative therapy had not been completed especially a lumbar epidural steroid injection which had been denied previously and psychological clearance was not clear and indicated some degree of mental instability. Therefore the request was non-certified. On 03/26/15, an adverse determination letter was submitted and it was noted that the records submitted did not include a trial of epidural steroid injections and there was no current imaging provided. Therefore the request was non-certified.

For this review, imaging has been provided, which reveals disc desiccation at both L4-5 and L5-S1, with stenosis centrally and to the foramen. The patient is neurologically intact however, and there is no indication of radiculopathy on neurological testing. No physical therapy notes were provided for this review and there is a lack of documentation of epidural steroid injections being provided for this individual prior to this request being made. Therefore, it is the opinion of this reviewer that the request for reconsideration for a lumbar laminectomy at L4, L5, and S1 with fusion and instrumentation with a 2 day inpatient stay is not medically necessary.

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

- x MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- xODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Pre-Operative Surgical Indications Recommended: Pre-operative clinical surgical indications for spinal fusion should include all of the following: (1) All pain generators are identified and treated; & (2) All physical medicine and manual therapy interventions are completed; & (3) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or discography (see discography criteria) & MRI demonstrating disc pathology correlated with symptoms and exam findings; & (4) Spine pathology limited to two levels; & (5) Psychosocial screen with confounding issues addressed. (6) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing. (Colorado, 2001) (BlueCross BlueShield, 2002)

For average hospital LOS after criteria are met, see Hospital length of stay (LOS).