

# Clear Resolutions Inc.

An Independent Review Organization

6800 W. Gate Blvd., #132-323

Austin, TX 78745

Phone: (512) 879-6370

Fax: (512) 519-7316

Email: resolutions.manager@cri-iro.com

**DATE NOTICE SENT TO ALL PARTIES:** May/10/2016

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Inpatient surgery

Lumbar PSF L4-5, instrumentation 1-2 vert or C1 wiring at L4-5, graft – Allo (Mors, DBM)

Lumbar Corpectomy at L4, Lumbar interbody fusion

Instrumentation 2-3 vertebrae, graft – CAGE, Allograft structural. Allo (mors DBM), Bone marrow aspiration, dural graft

LSO brace

TENS unit and Tens electrodes

Surgical Asst

Preop labs (CBC, BMP, PT/PTT/INR, EKG, CXR, UA, Urine Cx)

General anesthesia

Medical clearance

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

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who was injured on XX/XX/XX while moving a cylinder of X. The patient developed complaints of low back pain radiating to the left lower extremity. The patient had undergone a prior L4-5 lumbar laminectomy but had persistent pain and tenderness in the lumbar region. The patient did have interval facet and epidural steroid injections completed in XXXX with limited results. Recent MRI studies of the lumbar spine from XX/XX/XX noted moderate disc space narrowing at L4-5 per the Addendum. This included a left hemilaminotomy. There was a moderate to large broad based disc herniation at L4-5 resulting in moderate to significant central stenosis. There was a Schmorl's node at the inferior endplate of L4. There was mild bulging and riding into the neural foramina bilaterally. No spondylolisthesis or significant degenerative changes were noted at the L4-5 level. The patient was last seen on XX/XX/XX with continuing complaints of low back pain which was worsened with any activities of daily living. The patient's physical exam did note weakness to the left with decreased sensation along the left lateral calf. There was tenderness noted in the lumbar region with a positive straight leg raise sign bilaterally more so to the left than the right. Radiographs of the pelvis were stated to show minimal degenerative changes in the bilateral hips. Radiographs of the lumbar spine were stated to show spondylosis at L4-5 and L5-S1 with no evidence of instability. The requested lumbar spinal fusion was denied by utilization review as there was no evidence of clinical instability at the L4-5 level and the patient had only completed 1 prior decompression in the past. Guidelines do not recommend considering lumbar spinal fusion unless a third decompression was being anticipated at the same surgical level. The associated requests were denied as the surgical request was not indicated.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The clinical records submitted for review would not support surgical consideration to include lumbar spinal fusion at L4-5. The

patient's imaging studies did note significant stenosis at L4-5 due to disc pathology. There was no evidence of any instability or significant degenerative changes at L4-5 to the extent that a lumbar spinal fusion would be considered. The patient has not undergone more than 1 lumbar decompression procedure to date. The records do not include any recent clinical assessment of the patient noting any further neurological deficits. The records also did not include a preoperative psychological consult ruling out any confounding issues that could potentially impact postoperative recovery as recommended by guidelines. As the clinical records provided for review did not meet guideline recommendations regarding the surgical request, it is this reviewer's opinion that medical necessity for Inpatient surgery Lumbar PSF L4-5, instrumentation 1-2 vert or C1 wiring at L4-5, graft – Allo (Mors, DBM), Lumbar Corpectomy at L4, Lumbar interbody fusion Instrumentation 2-3 vertebrae graft – CAGE, Allograft structural, Allo (mors DBM), Bone marrow aspiration, and dural graft is not established. As the surgical request for this patient is not indicated, there would be no requirements for the concurrent request of an LSO brace, TENS unit and Tens electrodes, Surgical Asst, Preop labs (CBC, BMP, PT/PTT/INR, EKG, CXR, UA, Urine Cx), General anesthesia or Medical clearance.

**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)