

True Decisions Inc.

An Independent Review Organization

Phone Number:
(512) 298-4786

2771 E Broad St. Suite 217 #121
Mansfield, TX 76063

Email: truedecisions@irosolutions.com

Fax Number:
(512) 872-5099

Notice of Independent Review Decision

Case Number:

Date of Notice: 01/15/2016

Review Outcome:

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

Orthopedic Surgery And Spine Surgery

Description of the service or services in dispute:

ALIF L5-S1, PLF, Instrumentation
Inpatient hospital stay 1-3 days

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)

This patient is a female with a diagnosis of spondylolisthesis of the lumbar region, spinal stenosis of the lumbar region, lumbar radiculopathy, postlaminectomy syndrome NEC, and pseudarthrosis after fusion or arthrodesis. Per report, the patient was injured on XX/XX/XX after lifting a box. The patient was then diagnosed with low back pain and a prior lumbar fusion was performed at the L5-S1 level. She underwent postoperative treatment including physical therapy and oral medications. Per an MRI of the lumbar spine, the patient has L5-S1 spondylolisthesis associated with bilateral pars interarticularis defect which results in severe bilateral neural foraminal narrowing. The patient is being recommended for an ALIF procedure. She has undergone a psychological evaluation in XX/XXXX, which stated that she was at a low risk for surgery. On XX/XX/XX, the patient presented for an evaluation of her low back pain. During the evaluation, she reported low back pain as well as pain radiating into the right leg. At the time, she was taking Vicodin and ibuprofen for pain relief. She denied any recent treatments, but did note trying 10 sessions of physical therapy and medications in the past. Upon physical examination, the patient had a positive straight leg raise on the right and 4/5 great toe and foot eversion motor strength. Range of motion in the lower extremities was full and there was tenderness to palpation at the back. Her MRI results were discussed and it was again recommended that she undergo an anterior lumbar interbody fusion at the L5-S1. This request is regarding the medical necessity of the ALIF procedure and 1 to 3 days of an inpatient hospital stay.

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

Per the Official Disability Guidelines, a 3 day inpatient stay is supported following an anterior fusion procedure of the lumbar spine. However, the guidelines additionally state that fusion procedures are only supported after the patient has failed nonoperative care. Of note, the patient previously tried 10 sessions of physical therapy and medications. It is also stated that x-rays should be provided demonstrating spinal instability and/or MRI demonstrating nerve root impingement correlating with symptoms and examination findings. While the patient does have examination findings to support neurological deficit at the L5-S1 level,

the provided MRI did not show any nerve root impingement and no x-rays were provided demonstrating any spinal instability. Also, the patient has not recently undergone any nonoperative treatment.

The most recent treatment noted was from XXXX, and only included 10 sessions of physical therapy and unspecified medications. Without documentation that the patient has recently failed nonoperative care, other than medication use, the request for surgical intervention would not be supported. Given all of the above, this request is not medically necessary.

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
- 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)