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IRO REVIEWER REPORT

Date: 12/20/2017 8:43:19 AM CST

IRO CASE #: XXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient L4-5 Laminectomy with Fusion Possible Transforaminal Lumbar Interbody Fusion

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

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XXX male with a history of an occupational claim from XXXX. The mechanism of injury was detailed as a slip and fall while XXXX. The current diagnoses are documented as lumbar radiculopathy, L4-5 spondylolisthesis, L4 spondylolysis, and obesity. X-rays of the lumbar spine on XXX demonstrated approximately 10 mm anterior spondylolisthesis of L4 on L5 with a questionable pars defect at L4. MRI of the lumbar spine on XXXX demonstrated a moderate disc osteophyte complex and moderate to severe bilateral posterior facet arthrosis at L4-5 with severe right and moderate left neuroforaminal stenosis. X-rays of the lumbar spine on XXXX demonstrated multilevel degenerative changes and grade 1 spondylolisthesis at L4-5 without significant transitional motion. CT of the lumbar spine on XXXX demonstrated multilevel spondylosis. At L4-5, findings included bilateral pars intra-articular defects of L4 with extensive sclerosis, approximately 5 mm of L4 over L5 anterolisthesis, moderate degenerative disc space height loss, and moderate facet arthrosis, as well as subsequent moderate to severe bilateral neural foraminal narrowing with abutment of the exiting and traversing nerve roots. The patient's past treatment has included NSAIDs, muscle relaxants, oral corticosteroids, opioid analgesics, anticonvulsants, home exercise, physical therapy, work restrictions, and epidural steroid injections. On XXXX, the patient complained of chronic back pain with radiating pain to the bilateral legs, as well as associated weakness, difficulty walking, numbness, and tingling. Physical examination of the lumbar spine demonstrated limited range of motion, positive straight leg

raises bilaterally, decreased strength of the extensor hallucis longus bilaterally, and diminished patellar and ankle reflexes bilaterally. The patient was referred for a neurosurgery consultation. On XXXX, the patient underwent a neurosurgery consultation regarding XXXX low back and bilateral leg pain. Physical examination demonstrated mild weakness in a bilateral L5 myotomal distribution. XXXX was unable to consistently go back on XXXX heels. The patient had an antalgic gait and ambulated with a straight cane. Straight leg raises were positive bilaterally. It was noted that the claimant would like to pursue surgery as XXXX had no lasting improvement with physical therapy and injections. A recommendation was made for L4-5 laminectomy, partial facetectomy, and foraminal foraminotomies with posterior lateral fusion and pedicle screw rod fixation with possible interbody fusion. The request for surgery was previously denied on XXXX as physical examination findings did not clearly correlate with findings on imaging, the patient had not exhausted all nonoperative treatment options, XXXX had not undergone a psychological screening, there was no evidence of instability to support fusion, and the patient had a body mass index of 43.8.

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

According to the Official Disability Guidelines, lumbar spinal fusion is indicated for spondylolisthesis with instability, symptomatic radiculopathy, or symptomatic spinal stenosis. Criteria include ongoing symptoms, corroborating physical examination and imaging findings, and failure of nonoperative treatment, and a psychosocial screening with confounding issues addressed. The patient has spondylolisthesis at L4-5. While x-rays showed no significant instability/transitional motion, the clinical evidence supports that the patient has symptomatic radiculopathy and corroborating physical examination and imaging findings. The patient's symptoms include low back pain with radiating symptoms to the bilateral lower extremities. XXXX has neurological deficits on physical examination that correlate with the pathology identified at the L4-5 level. MRI demonstrated severe right and moderate left neural foraminal narrowing at L4-5 and CT revealed moderate to severe bilateral neural foraminal narrowing with abutment of the exiting and traversing nerve roots at L4-5 secondary to pars defects, anterolisthesis, degenerative disc space height loss, and facet arthrosis. The patient has tried and failed appropriate medications, home exercise, physical therapy, work restrictions, and epidural steroid injection. The patient has spondylolisthesis and symptomatic radiculopathy, with ongoing symptoms, corroborating physical examination and imaging findings, and failure of nonoperative treatment. However, results of a pre-operative psychosocial screening were not provided in the submitted documentation.

Therefore, the patient does not meet criteria for surgery per the applicable guidelines. As such, the previous denial of Outpatient L4-5 Laminectomy with Fusion Possible Transforaminal Lumbar Interbody Fusion is upheld.

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

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
 - ☐ AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
 - ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
 - ☐ MILLIMAN CARE GUIDELINES
 - ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
 - ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
 - ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
 - ☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
 - ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
 - ☐ TEXAS TACADA GUIDELINES
 - ☐ TMF SCREENING CRITERIA MANUAL
- Official Disability Guidelines (ODG), Treatment Index, 15th Edition (web), 2017, Low Back Chapter, Fusion (spinal).