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An Independent Review Organization

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IRO REVIEWER REPORT

Date: 5/3/2018 7:02:13 PM CST

Amended Decision: 5/8/2018

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Decompression, instrumentation and fusion L4-5

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

REVIEW OUTCOME:

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

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

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a now XX with a history of an occupational claim from XXXX. The mechanism of injury was not described in the clinical note associated with the request. The diagnoses were listed as sprain of ligaments of the thoracic spine, injury of the ulnar nerve at the upper arm, sprain of ligaments of the cervical spine, muscle spasm of the back, myalgia, radiculopathy of the cervicothoracic region, radiculopathy of the lumbar region, chronic pain syndrome, post laminectomy syndrome, unspecified urinary incontinence, low back pain, and paresthesia's of the skin. MRI of the lumbar spine performed on XXXX revealed a solid fusion at L5-S1, severe facet arthrosis bilaterally, widening of the facet joints causing significant lateral recess narrowing bilaterally, and moderate central narrowing. According to the clinical note dated XXXX, the patient reported ongoing pain in the low back. XX rated XX pain level at 10/10, and describes stabbing and throbbing pain, radiating into the bilateral lower extremities. The provider noted no evidence of acute neurologic changes from the previous visit. Strength and sensation were unchanged. Reflexes were also unchanged. The provider noted that the patient had a previous fusion at L5-S1, did well, and went back to work. However, XX reported progressive bilateral leg pain, and had developed severe facet changes at L4-5 with instability, probably related to increased mechanical stress at L4-5 due to the previous fusion at L5-S1. The provider also noted that XX had been through physical therapy and injections with no real improvement, and had neurologic changes in the lower extremities related to nerve impingement. The request was submitted for decompression instrumentation and fusion at L4-5. The request was previously submitted for decompression, instrumentation and fusion at L4-5, although this request was previously denied due to nonspecific neurological changes, and no clear evidence of spondylolisthesis to support the requested fusion.

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

Regarding the requested decompression, instrumentation and fusion at L4-5, the available documentation indicated that the patient had a prior fusion at L5-S1 but had developed severe facet changes at L4-5 with instability. XX had failed nonoperative treatment with no improvement. Electrodiagnostic studies were provided for review, revealing abnormal findings suggestive of right L4/5/S1 radiculopathy. Per the examination included with electrodiagnostic studies, the patient did have sensory loss corresponding with L4, L5, and S1. Given the objective findings on imaging and examination, proceeding with the surgery is supported and is consistent with guidelines.

Therefore, the decision is overturned and decompression, instrumentation and fusion L4-5 is certified.

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, 16th Edition (web), 2018, Low Back, Fusion (spinal) and Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low Back, Discectomy/ laminectomy