

# Icon Medical Solutions, Inc.

P.O. BOX 169  
Troup, TX 75789  
P 903.749.4272  
F 888.663.6614

DATE: 2/16/19

IRO CASE #: XX

## DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient Anterior XX Interbody XX XX-XX with XX XX LOS

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

The reviewer is certified by The American Board of Orthopedic Surgery with over 11 years of experience.

## 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]:

Claimant is a XX-year-old XX who was injured on XX, when XX XX XX a XX causing XX at the XX and XX XX.

XX: XX. XX XX-XX, XX Approach. After tolerating procedure well, I informed patient that therapy would be beneficial at this time, XX.

XX: XX. XX XX-XX, Transforaminal Approach. Advised patient that therapy would be beneficial at this time, XX.

XX: EMG. Impression: 1. XX radiculopathy on the XX and XX. 2. XX XX extremities sensory-motor peripheral XX, XX.

XX: Office Visit, XX. Eval for XX XX pain in the XX very XX XX, almost to XX region, with pain radiating through the XX XX more than the XX and into the XX XX with numbness and tingling. Continues XX pain with certain movements and intot XX XX XX. Pt also c/o pain that goes through the XX areas into the XX region on the XX side; it is now starting to do the same thing on the XX. Hx of XX surgery XX-XX years ago for XX XX following a XX while XX was at XX. XX of the XX XX XX. There is pronounced and significant. There is XX XX. Mild XX of XX XX. Severe restriction of abduction and extension of the XX XX along with the inability to XX XX XX XX with elevation. Sensory change in the XX and XX distribution on the XX side mainly and XX on the XX side involving thermal appreciation but not vibration. Deep XX the loss of XX XX and very XX at the XX. XX XX raise is painful at about 30 degrees XX. Cannot flex more than 30 degrees nor can XX extend easy.

XX: Office Visit, XX. Continued use of pain medication. Pain ranges from 6-8 on a 0-10 scale. Physical Exam- Postural Evaluation; XX XX. Sensory: LLE sensory grossly intact. XX XX XX. Tenderness to palpation moderately at the XX, XX and posterior aspects of the XX XX. Moderate XX XX and XX joint tenderness. Tenderness over the SI joints. AROM: XX XX flexion, extension, and XX XX flexion are limited. Diagnosis: 1. XX XX radiculopathy. 2. XX XX strain. 3. XX XX strain. 4. Trauma to XX and XX. 5. XX XX XX XX tear s/p surgery. XX is awaiting authorization to

undergo surgery of the XX XX. Not at MMI due to medical necessity of surgery.

XX: Office Visit with XX. Pain increasing XX XX radiating down the XX of XX XX. Pain in both LE extending below the XX. RLE weakness. Increased depression lately. Pain 8/10. XX pain 5-6/10. Moderate tenderness at anterior, posterior and lateral aspects of the XX XX. Moderate XX XX tenderness. Mild tenderness at XX XX. AROM XX: Flexion- 30 degrees. Extension, Rt and Lt Lateral Flexion is all 20 degrees. Conservative care has been exhausted. Surgical consult for XX radiculopathy is the next step.

XX: Office Visit, XX. Impression: XX Pain with hx of XX XX. XX XX pain with hx of XX XX and radiculopathy. Office procedure today included a XXmg injection of XX. XX XXmg delayed released tabs were prescribed today. MRI was ordered of XX XX.

XX: MRI XX XX. Impression- A. At XX-XX, XX formation is present as well as severe narrowing of the XX space and decreased signal of the XX indicative of XX and XX disease. There is large posterior XX XX in the central and lateral aspect in XX XX but more to the XX measuring as much as XX mm in AP diameter in the XX side, and XX mm in length, indenting the XX XX, compressing the XX XX nerve root and displacing it posteriorly. XX changes are seen in the facet joints. These findings are combining to cause severe XX recess and XX XX XX. B. At XX-XX and XX-XX, there is posterior protrusion- XX more prominent XX measuring XX mm in AP diameter, indenting the XX XX, causing moderate inferior neural XX.

XXX: Office Visit, XX. Due to the fact the pt continues with worsening XX pain that radiates down the BLE, XX ESI was recommended. Continue medication as prescribed.

XX: Office Visit, XX. Symptoms are worsening since last visit. Pain 9/10. Pt states to have continued pain from last visit, more to XX XX XX with pain radiating to XX XX extremities XX. Pt last worked XX. Physical Exam- XX XX revealed XX tenderness radiating to the XX muscles XX XX test- mild pain XX. XX XX- tenderness at midline, tenderness XX at XX muscles with mild spasm. LROM to include flexion, extension, XX and XX rotation and bending. Strength 5/5. Sensations intact to the LE with exception decrease XX on the XX. Straight XX raise positive for XX XX pain XX. L-XX X-Rays- Impression: Significant narrowing with instability and translation of XXmm on flexion and extension views at XX-XX. Pt has XX XX XX and mechanical XX pain. I have demonstrated these findings on MRI. Herniation relates to side and location of the pain. Because of the severity and duration of the pain, I believe surgery is warranted. Pt has failed good conservative care and meets the indications for surgery. Surgical XX and XX were recommended as an option. Anterior XX Interbody XX XX-XX was scheduled.

XX: XX X-Ray. Impression- XX XX pain with history of XX XX and radiculopathy with posttraumatic degenerative changes at XX-XX. Images revealed significant narrowing with instability and translation of XXmm on flexion and extension views at XX-XX.

XX: UR by XX. Rationale- The ODG, XX XX chapter, supports XX fusion procedure for individuals who have instability identified on imaging studies, as well as radiculopathy and failure to improve with conservative care. The pt has continued XX pain and radicular symptoms, as well as abnormal neurological findings on physical examination. Instability is reported to be present on plain radiographs, however, XX does not objectify as to what degree this instability is present. Additionally, the pt is a XX XX, which would significantly decrease the likelihood of a successful fusion. Not medically necessary.

XX: Appeal Letter. On the denial letter, XX denied the request due to there was no objectify as to what degree this instability was present. Plain Radiographs were reviewed showing instability and translation of XXmm on flexion and extension views at XX-XX. Please see office note from XX.

XX: UR by XX. Rationale- While the claimants most recent clinical report stated that there was instability, there are no formal radiographic reports provided for review that confirm this. Further, the records did not document failure of non-operative measures to include XX therapy or medications. No PT records were submitted for review. The records also sis not include a pre-operative XX assessment of the claimant ruling out any confounding issues that

could potentially impact post-operative recovery as recommended by ODG.

XX: XX XX Assessment, XX. Summary- XX disclosed that XX pain has severely impacted XX normal functioning, physically, vocationally, and interpersonally. It is determined that the patient is appropriate for participation in any physical intervention, which will give him a chance to decrease XX level of pain and/or improve XX current mobility and level of functioning. According to patient responses and clinical information, it seems XX is a good candidate for returning to an elevated level of physical functioning if XX pain level decreases. An anterior XX interbody fusion of XX-XX procedure, the possibilities that may occur, negative outcomes, as well as, positive outcomes were all discussed with the patient and XX state that XX understands the risks involved with the procedure. Patient believes that the surgical intervention is XX closest option for feeling long-term relief from the pain XX experiences. XX feels confident about the outcome. BDI-II score, 32. BAI score, 24. FABQ score 24 out of 24, indicating extremely severe fear avoidance related to physical activity.

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

The previous adverse decisions are Upheld. The request for anterior XX interbody fusion (ALIF) XX-XX is denied.

The patient is a XX year old XX who sustained a XX XX injury on XX. XX has received XX epidural steroid injections (ESI) at XX-XX in the past. The XX EMG-NC confirms XX XX radiculopathy. The XX MRI of the XX XX demonstrates a large posterior XX XX at XX-XX, compressing the XX XX nerve root. XX also has XX facet joints at this level, associated with XX XX XX. Flexion-extension views of the XX XX reveal XX mm of translation at XX-XX. The patient continues to have XX XX pain with radiation into XX XX extremities. The treating physician has recommended ALIF XX-XX for this patient. The patient completed a XX XX assessment for this surgery.

The Official Disability Guidelines (ODG) supports XX fusion for patients with instability in the XX XX, who have failed conservative care. XX instability is defined by inter-segmental translational movement of more than XXmm. XX XX is recommended before and after surgery to promote healing of the bone fusion.

Based on the records reviewed, it is unclear whether the patient has benefited in the past from conservative treatment, such as medication or XX therapy. XX response to the ESI should also be documented. XX XX is required prior to surgical consideration. This patient is not a candidate for XX fusion. Therefore, the request for anterior XX interbody fusion (ALIF) XX-XX is considered not medically necessary.

PER ODG..... XX

**XX**

XX XX injury (SCI): XX

OTHER GUIDELINES: XX

OTHER CONSIDERATIONS: XX

Surgical decision making: XX

Techniques/implants: XX

Return to Sports and Work: XX

*Return to work in Workers' Comp (WC) patients: See detailed discussion below*

XX

XX fusion in workers' comp (WC) patients: XX

XX

**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
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW XX 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)