

**DATE OF REVIEW:** 12/27/07

**IRO CASE #:**

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

360-degree fusion at L5/S1 (63090, 22558, 22851, 20931, 22612, 63047, 22842) with three-day length of stay

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D. board-certified orthopedic surgeon with extensive experience in the evaluation and treatment of spine-injured patients.

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI Case Assignment
2. URA Letters of Denial (04/19, 05/18, 11/07, 11/27/07) and criteria utilized in the denial - ODG
3. Examination evaluation and impairment rating 11/07/06
4. Pre-authorization request and letters of appeal 10/20/06 (discography), 03/22 and 06/05/07 (fusion)
5. 2006 records
  - o New patient evaluation 08/07/06
  - o Follow-up note 08/23/06
  - o Operative notes 09/13/06
  - o Follow-up note 09/21/06
  - o Radiology reports 08/18 and 11/09/06
  - o Admission operative report and discharge summary 12/21/06
6. 2007 office notes 01/05 through 10/22/07 (ten visits)

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This xx-year-old male was involved in a motor vehicle accident on xx/xx/xx. The car that he was driving was stopped at a stop light and was struck from behind. He had immediate multiple zones of spine complaints, cervical, thoracic, and lumbar. He was treated with medications, activity modifications, physical therapy, and epidural steroid injections. He has consistently suffered lumbar spine pain. He has radiographic evidence of degenerative disc disease at the level L5/S1 without structural abnormality. A request for 360-degree spine fusion at the level L5/S1 has been denied on two prior occasions.

On November 7, 2006, a Designated Doctor Examination was performed. The patient was declared at Maximum Medical Improvement and was awarded a 10% whole person impairment based on the AMA Guides for the Evaluation of Permanent Impairment.

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

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The results of spine fusion in the absence of structural abnormality suggesting fracture dislocation, spondylolysis with spondylolisthesis and instability are limited. Specifically, the results are not reliable in the circumstance of patients injured in rear-end motor vehicle accidents. As such, this patient would not likely have a result which would warrant the surgical effort.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 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, **Low Back Chapter, Page 1019.**
  - Pressley Reed, The Medical Disability Advisor.
  - Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
  - Texas TACADA Guidelines.
  - TMF Screening Criteria Manual.
  - Peer reviewed national accepted medical literature (provide a description).
  - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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