

# True Resolutions Inc.

An Independent Review Organization  
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Arlington, TX 76011  
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Notice of Independent Review Decision

**DATE OF REVIEW:** December 19, 2007

**IRO CASE #:**

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

Inpatient Lumbar Decompression L3/4, L4/5, L5/S1. LOS 2-3 days

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

Doctor of Medicine (M.D.)  
Board Certified in Orthopaedic Surgery

**REVIEW OUTCOME**

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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

ODG Guidelines  
Adverse Determination Letters, 9/5/07, 9/24/07  
Records from Dr. 9-25-06 to 11-29-07  
CT Myelogram L-spine 10-17-07  
Chest x-ray 10-17-07  
EKG 10-17-07  
EMG 9-25-07  
MRI 9-4-07, 9-6-06  
FCE 2-8-07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured employee was injured at work and suffered a low back injury. He has lumbar stenosis and radiculopathy. He has failed conservative treatment and

decompressive surgery has been requested but denied because of the length of stay request, not the surgical indications.

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

After a careful review of all medical records the Reviewer’s medical assessment is that the patient has met all of the ODG criteria for decompressive lumbar laminectomy. ODG allows for 3.6 days of inpatient LOS (See below in bold). He has lumbar stenosis and radiculopathy. He has failed conservative treatment and decompressive surgery has been requested.

<p>Hospitalization</p>	<p>Not recommended for low back pain in the absence of major trauma (i.e., acute spinal fracture, spinal cord injury, or nerve root injury), acute or progressive neurologic deficit, or the patient’s inability to manage basic ADLs at home and alternative placement in a Skilled Nursing Facility is not available or appropriate. These recommendations are based on medical practice and are consistent with other evidence-based guidelines. (<a href="#">Washington, 2002</a>) (<a href="#">ICSI, 2004</a>)</p> <p><b>Criteria for Hospital Admissions:</b></p> <p>I. <u>Acute Major Back Trauma is Suspected:</u> Back injury occurred within the past 7 days; &amp; Major trauma was sustained (e.g., fall from a height or back crushed by heavy object); &amp; Examining physician documents or suspects acute spinal fracture, spinal cord injury, or nerve root injury. <i>Hospital Admission Criteria:</i> May be individualized.</p> <p>II. <u>Acute Major Back Trauma Not Suspected; Patient Has Neurologic Findings Suspected to be Acute or Progressive:</u> No history of recent major injury; &amp; Patient complains of symptoms suggesting acute or progressive neurologic deficit [typically these include: (1) progressive weakness or numbness in one leg (and occasionally both legs), or (2) loss of control of bowel or bladder function, or (3) progressive numbness in the perineal region]; &amp; The examining physician indicates that the patient has (or probably has) an acute or progressive neurologic deficit. <i>Hospital Admission Criteria:</i> If a patient has a new or progressive neurologic deficit, he/she may be hospitalized in order to facilitate surgical decision-making, to provide close observation of further progression, or to help the patient compensate for neurological deficits (e.g., to determine whether the patient needs to learn intermittent catheterization). If a patient does NOT have a new or progressive neurologic deficit, the only valid reason for hospitalization is that he/she cannot manage basic ADLs at home. Duration of hospitalization should be brief. The great majority of these patients who are admitted to a hospital can be discharged in 1 to 3 days (if spine surgery is not performed). Prolonged bed rest usually does more harm than good in a patient with low back pain. Admission for the purpose of bed rest is not acceptable.</p> <p>III. <u>Acute Major Back Trauma Not Suspected; Patient Has Back Pain without Evidence of Acute or Progressive Neurologic Findings:</u> No history of recent major trauma; &amp; Patient complains of back pain with or without symptoms in the legs (occasionally patients will complain mainly of symptoms in the legs but the evaluating physician concludes that symptoms are not caused by lumbar radiculopathy); &amp; No evidence of acute or progressive neurologic deficit. <i>Hospital Admission Criteria:</i> The primary valid reason for hospitalizing these patients is that they cannot</p>
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	<p>manage basic ADLs at home. Example, the patient lives alone and is unable to get to the bathroom. If a patient is admitted through the emergency department, the decision to admit should be made with the concurrence of the attending physician, unless the attending physician cannot be reached. Duration of hospitalization should be brief. The great majority of these patients who are admitted to a hospital can be discharged in less than 24 hours. Admission for the purpose of bed rest or traction alone is not acceptable. The need for parenteral narcotics is a valid admission criteria. A patient should not be admitted to a hospital that does not have the capacity to assess ADLs, develop a treatment plan, and provide physical therapy within the first 24 hours. For average hospital LOS after admission criteria are met, see ODG RTW guidelines, i.e., ICD9 <a href="#">722.1</a>, lumbar disc disorders: “Hospital Length Of Stay: 4.7 days (icd 80.51 - Discectomy: 2.2 days, icd 03.09 - Laminectomy: 3.6 days, icd 81.08 - Lumbar Fusion: 4.6 days)”</p>
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**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 BACK 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**
  - **OKU SPINE**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**