IMED, INC.
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF DECISION: 06/25/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: L4-L5 posterior spinal fusion with interbody fusion, L4-L5 hardware removal, and bilateral L4-L5 facet injection.

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

Texas License and currently on TDI DWC ADL.
Board Certified Neurosurgeon

REVIEW OUTCOME:

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Treatment records from D.C.
2. Medical records from Dr
3. Multiple Operative/Procedure reports. (6/5/02-11/02/05)
4. Medical records from Dr.. (10/08/03-11/16/06)
5. Peer review dated 01/20/03.
6. Peer review by Dr. dated 4/7/03.
7. CT/myelogram dated 08/28/03.
8. Peer review dated 06/07/04.
9. Medical records from Dr. (illegible dates).
10. Notice of Determination from Dr. (3/2/07).
11. Notice of Determination from MD (4/5/07)
12. Medical records from Dr. (1/29/07).
13. Medical records from Dr. (1/07- 6/18/07).

PATIENT CLINICAL HISTORY (SUMMARY):

The employee, James Isbell, sustained an injury to his low back while stepping off a bread truck.

The employee has undergone multiple operative interventions and multiple interventional procedures, which have included epidurals and facet injections. The employee eventually progressed to the permanent placement of a spinal cord stimulator.

The employee has recently undergone facet block performed by Dr. and is under the care. The available records indicate that despite having the cord stimulator the employee developed progressively increasing back pain. The employee's most recent physical examination indicated that he had reduced lumbar range of motion and tenderness to palpation of the facet joints. There was some evidence of lower extremity strength loss rated as 5/5 bilaterally. Reflexes were 1+ and symmetric. Dr. recommended fusion of the lumbar spine above the previous fusion secondary to degenerative facet disease.

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

The available medical records indicate that the claimant has undergone extensive conservative treatment during the course of his care. This has included physical therapy and interventional procedures including facet injections and epidural steroids. The claimant subsequently underwent multiple surgeries and had a failed back syndrome and underwent implantation of a spinal cord stimulator. Within the last year, the claimant has developed increasing low back pain and subsequently underwent a facet block, which was reported to have provided some relief. Dr. opined that the claimant should undergo a fusion extending it one level superiorly secondary to the degenerative disease and the response to facet injections.

Given this information, the request for fusion at L4-L5 with hardware removal and bilateral facet injections is not considered medically necessary. There was no indication from any current literature that positive facet injections are an indicator for lumbar fusion. The records do not include a recent psychological examination as required by the ***Official Disability Guidelines***.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

1. The ***Official Disability Guidelines***, 11th Edition, The Work Loss Data Institute.
2. The ***American College of Occupational and Environmental Medicine Guidelines***, Chapter 12.