

Clear Resolutions Inc.

An Independent Review Organization
7301 Ranch Rd 620 N, Suite 155-199
Austin, TX 78726

IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW:

JULY 13, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Posterior spinal fusion L3-S1 -ICBG pedicle screws and rods, anterior spinal fusion L3-S1, Synthes CCALIF AOL screws

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

M.D., Board Certified Orthopedic Surgeon

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Lumbar myelogram, 01/06/04
CT post myelogram, 01/16/04
Lumbar spine MRI, 02/11/05 and 02/05/07
Lumbar spine x-ray, 06/17/05
Left hip/sacrum x-ray, 06/17/05
Cervical spine MRI, 08/14/06
Office note, Dr., 10/20/06
Consultation sheet, 11/03/06

EMG/NCS, 11/08/06
Office note, Dr., 11/08/06
Office notes, Dr., 12/16/06, 02/13/07, 03/20/07, 05/01/07 and 05/22/07
Letter from Dr., 12/16/06, 02/13/07 and 05/22/07
Office note, Dr., 04/13/07
Lumbar discogram, 05/09/07
Office notes, 05/1/107,
Surgery pre-op/admission orders, 05/22/07
Surgery per- authorization form noted.

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant reportedly had a long standing history of back problems. The records indicated that the claimant had undergone a lumbar decompression and fusion at the L4-5 and L5- S1 level prior to 2003 followed by revision surgery in 2004 for a diagnosis of recurrent disc herniation.

The claimant was evaluated on 10/20/06 for constant moderate to severe low back pain. It was noted that the claimant had immediate low back pain after a slip and fall followed by lower back pain after lifting a heavy tray. The claimant reported constant low back pain that increased with any activity and the inability to sit, stand or walk for prolonged periods of time.

The claimant was taking medications, had undergone physical therapy and was working with restrictions. An examination revealed lumbar tenderness, weakness in the left lower extremity and decreased sensory in the left L5 through S1 dermatomes. The claimant was diagnosed with lumbar radiculitis and lumbar discogenic pain. An MRI, EMG/NCS, physical therapy, light duty and a referral to pain management was recommended.

An EMG/NCS on 11/08/06 showed evidence of a moderate acute L5- S1 radiculopathy on the left and mild chronic L5- S1 nerve root irritation on the right. Lumbar x-rays on 12/16/06 showed no spondylosis or spondylolisthesis. The claimant was diagnosed with chronic low back pain with further evaluation recommended. An MRI of the lumbar spine followed on 02/05/07 that showed a mild posterior annular bulge at L3-4 with mild central canal narrowing and post – surgical changes at L4 and L5.

A lumbar discogram on 05/09/07 revealed concordant pain at L3-4, L4-5 and L5-S1. The claimant was diagnosed with chronic low back pain with lumbar internal disc disruption, reportedly had exhausted all conservative measures and surgery in the form of a three level fusion was recommended.

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

It is noted that the claimant has had a previous decompression and fusion of L4-5, L5-S1 and continues to complain of chronic low back pain. Treatment of

conservative measures has been rendered thus far. There is no documentation or evidence in the records of any motion segment instability. There is no documentation or evidence of spondylolisthesis to support the need for a multilevel fusion especially in a woman who is quite young to undergo a multilevel lumbar fusion. There is also evidence in the records of Waddell's criteria being positive for symptom magnification on Dr. orthopedic note. The most recent MRI interpretation by the radiologist on 02/05/07 showed mild posterior anterior bulging at L3-4 and very mild central canal narrowing and post-surgical changes. Taking all of this into consideration, the Reviewer cannot recommend the proposed posterior spinal fusion L3-S1 -ICBG pedicle screws and rods, anterior spinal fusion L3-S1, Synthes CCALIF AOL screws as medically necessary nor reasonable. The Reviewer therefore upholds the insurance company's previous denial.

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
Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Low Back
- 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)