

Notice of Independent Review Decision

DATE OF REVIEW: 7/27/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient anterior interbody fusion L4-5 with post decompressive L4-5 Cybertech TLSO 2-3D

QUALIFICATIONS OF THE REVIEWER:

This reviewer received his medical doctorate from the University of Tennessee, at Memphis. He did his internship and residency in the field of Orthopaedics at Emory University. This physician did a fellowship at Northwestern in the Department of Orthopaedics, Sports Medicine. He has been board certified in Orthopaedics since 2001. This reviewer has written numerous research articles and publications. He is affiliated with the American Academy of Orthopaedic Surgeons, American Orthopaedic Society for Sports Medicine, Arthroscopy Association of North America and the American Medical Association.

REVIEW OUTCOME:

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

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

Inpatient anterior interbody fusion L4-5 with post decompressive L4-5 Cybertech TLSO 2-3D Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Review organization note dated 07/09/2007
2. Request form dated 07/07/2007
3. Clinical note by MD dated 06/18/2007
4. Clinical note by MD dated 06/28/2007
5. Case assignment note dated 07/12/2007
6. Clinical note dated 07/12/2007
7. Review organization note dated 07/12/2007
8. Preauthorization for surgery note dated 06/12/2007
9. Initial chart note by MD dated 05/30/2007
10. Operative report by MD dated 03/05/2007
11. Imaging report by MD dated 03/05/2007
12. Imaging report by MD dated 03/05/2007
13. Laboratory note by MD dated 12/20/2006
14. Clinical note dated 07/19/2006
15. Clinical note, dated 7/13/2007
16. Clinical note dated 7/20/2007
17. Clinical note by LVN, dated 6/18/2007
18. Clinical note by LVN, dated 6/28/2007
19. Cover sheet dated 6/13/2007
20. Request for preauthorization dated 6/12/2007
21. Initial chart note by MD, dated 5/30/2007
22. Clinical note dated 3/5/2007
23. Imaging report dated 3/5/2007
24. Imaging report dated 3/5/2007
25. Clinical note by MD, dated 12/20/2006
26. Clinical note dated 7/19/2006

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This male was reportedly injured while at work. He was tying metal together with co-workers overhead at which time he felt a pain in his low back and could not move. He has been diagnosed with acquired spondylolisthesis, disorders of the sacrum, and displacement of lumbar intervertebral disc. The injured worker has undergone physical therapy and was noted to be on NSAIDs. He describes intermittent numbness that extends down the right leg into all five toes. Changing position improves the numbness for a little while.

At this time, the request for inpatient anterior interbody fusion L4-5 with post decompressive L4-5 Cybertech TLSO 2-3D is under review.

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

The injured worker has low back pain and right leg pain which has persisted despite physical therapy, NSAIDs, activity modification, and chiropractic care. The injured worker's symptoms are described as mechanical pain which is worse with activity. The physical examination is significant for pain with lumbar motion and no nerve root tension signs or neurologic dysfunction. The radiographic studies demonstrate disc changes at L4-L5 and L5-S1 with potential S1 nerve root impingement on the left. A recent discogram demonstrated concordant pain at the L4-L5 and L5-S1 levels. An EMG/NCV test did not reveal any neurologic abnormality. The provider is requesting a 2 level decompression and posterior interbody instrumented fusion. Lumbar fusion for low back pain, especially industrial low back pain has been controversial without a clear consensus on treatment. Prior to any consideration for a surgical procedure in the literature, the injured worker's low back pain had failed essentially all non-operative measures which included therapeutic modalities, NSAIDs, activity modification, and steroid injections. The injured worker has not been treated with either facet or epidural steroid injections. It is possible the pain could resolve with one of these modalities. Therefore, since there are viable non-operative treatment options, the medical necessity for operative intervention for low back pain without evidence of fracture, instability, or progressive neurologic dysfunction is not established in the current clinical scenario. Recommendation is made for a steroid injection, nerve stabilizing medication such as Lyrica, and a tobacco cessation program in case further non-operative measures fail leading to lumbar stabilization.

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
- AHCP- 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
- X 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)