

DATE OF REVIEW: 6/22/2007
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Three level, 360 degree fusion that will extend from L2-4 through L5-S1 with 4 - 5 day length of stay.

QUALIFICATIONS OF THE REVIEWER:

This reviewer received his medical doctorate. He did his internship and residency. This physician did a fellowship. He has been board certified. This reviewer has written numerous research articles and publications. He is affiliated with the 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)

Three level, 360 degree fusion that will extend from L2-4 through L5-S1 with 4 - 5 day length of stay. Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical note dated 06/08/2007
2. Review organization IRO dated 06/08/2007
3. Utilization review dated 06/08/2007
4. Denial information note dated 06/08/2007
5. Review organization note dated 06/04/2007
6. Clinical note by MD dated 05/23/2007
7. Review summary note by MD dated 05/22/2007
8. Clinical note by LVN dated 05/31/2007
9. Clinical note dated 06/05/2007
10. Case assignment note by dated 06/08/2007

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured worker is a male who sustained an injury on xx/xx/xx. A MRI of the lumbar spine showed disc bulging at L3-4 and L4-5 with no herniation appreciated at L5-S1. A posterior annular tear was noted at L3-4. A CT discogram was normal at L2-3 but abnormal at L3-S1. The diagnoses included injury to oculomotor nerve, lumbar sprain, and displacement of lumbar interverte. There was a note that the injured worker has undergone chronic pain management, work hardening, and epidural steroid injections.

At this time, the request for a 3 level, 360 degree fusion that will extend from L2-4 through L5-S1 with 4 - 5 day length of stay is under review.

Name: Patient_Name

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

The injured worker has low back pain which has been treated with epidural steroid injections, physical therapy, activity modification, and medication. The pain has persisted and a discogram was performed which demonstrated concordant pain at the L3-L4 with a small annular tear, the L4-5 level was painful but not concordant, and the L5-S1 level was painful and moderately concordant. There was no tear noted at the L4-L5 and L5-S1 levels. The MRI did not demonstrate any significant disc herniation or neural compression. There is no information provided regarding neurologic deficit, and thus the neurologic examination is presumed normal. The provider is requesting a 360 degree 3 level fusion from L3-S1. There is conflicting evidence in the literature regarding the efficacy and positive predictive ability of discography. The worker's discographic information is difficult to interpret based on a tear noted only at the L3-L4 level and mixed results as to concordancy regarding the L4-L5 and L5-S1 levels. The literature is also unclear regarding the efficacy of spinal fusion for low back pain without significant structural abnormality such as disc disease as evidenced by tears or herniations, or evidence of significant degeneration causing structural instability or neural compression. Therefore, based on the information provided, medical necessity for operative intervention is not established, and the denial of surgery is upheld. The disability guidelines are consistent with the evidence based literature.

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
- 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
- X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Spiros G. Pneumaticos, Charles A. Reitman, and Ronald W. Lindsey. Diskography in the Evaluation of Low Back Pain. J. Am. Acad. Ortho. Surg., January 2006; 14: 46 - 55.