

AMENDED Notice of Independent Review Decision

DATE OF REVIEW: 3/23/07**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Preauthorization for lumbar spine fusion (22612), lumbar spine fusion (22630), removal of spinal lamina (63047), insertion of spinal fixation (22840), apply spinal prosthetic device (22851), spinal fusion, extra segment (22614), and spinal bone allograft (20930).

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

This case was reviewed by a board certified orthopedic surgeon on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal.

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)

<i>Primary Diag Code</i>	<i>Service Being Denied</i>	<i>Billing Mod</i>	<i>Type Review</i>	<i>Units</i>	<i>DOS</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Uphold/ Overturned</i>
722.93	22612		prospective						Uphold
722.93	22630		prospective						Uphold
722.93	63047		prospective						Uphold
722.93	22840		prospective						Uphold
722.93	22851		prospective						Uphold
722.93	22614		prospective						Uphold
722.93	20930		prospective						Uphold

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for Independent Review by an Independent Review Organization forms – 3/9/07
2. Determination Notices – 1/25/07, 2/7/07, 3/13/07
3. Correspondence and Records– 3/13/07, 1/25/07, 2/5/07
4. Correspondence and Records– 9/14/06-2/27/07
5. Imaging Report – 1/9/07
6. Imaging Reports – 8/3/06, 8/21/06
7. Correspondence and Records– 9/27/06, 11/10/06
8. Correspondence and Records– 7/25/06
9. Correspondence and Records – 1/31/07

PATIENT CLINICAL HISTORY:

This case concerns a male who sustained a work related injury. Records indicate that while working as a truck driver who injured his back while opening the hood of a truck. Diagnoses have included disc protrusion, left lateral annular tear, spondylolisthesis, and radiculopathy. Evaluation and treatment for this injury has included physical therapy, medications, epidural and steroid injections.

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

This patient has chronic back pain and degenerative changes in his lumbar spine. Fusion surgery is not likely to be effective, especially at multiple levels as was requested in this case. A metaanalysis of the literature (van Tulden MW, et al.) does not support the role of fusion surgery for treatment of this patient's condition.

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 (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

van Tulden MW, et al. Outcome of invasive treatment modalities on back pain and sciatica: an evidence-based review. Eur Spine J. 2006 Jan;15 Suppl 1:S82-92.