

IRO Reviewer Report

DATE OF REVIEW: 03/23/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Revision decompression L4-S1 with fusion and posterior-lateral interbody fusion

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

Board certified orthopedic surgeon on the TDI-WC approved doctor's list that is familiar with the treatment or proposed treatment.

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.

It is determined that the revision decompression L4-S1 with fusion and posterior-lateral interbody fusion is not medically indicated to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Information provided by the requestor:

- Weekly Team Conference for 01/12/06 go 01/18/06, 01/19/06 to 01/25/06, 01/05/06 to 01/11/06, 12/29/05 to 01/04/06, 12/08/05 to 12/11/05, 12/22/05 to 12/28/05.
- Operative report – 06/13/05
- Report of MRI of the lumbar spine – 07/17/06
- Report of MRI of the lumbar spine – 01/16/06
- Report of MRI of the lumbar spine – 03/02/05
- Electromyography and nerve conduction study – 04/04/04
- Electromyography and nerve conduction study – 04/04/05
- Neurological Consultation by Dr. – 04/05/05
- Office Visit Notes from Dr. - 03/17/05 to 01/09/07
- Office Visit Notes from Dr. – 02/03/05 to 03/03/0

Information provided by the respondent:

- Letter– 02/26/07
- Decision letter – 12/06/06
- Decision letter – 01/19/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury when he was working as a cement truck driver. He describes that he felt a “pop” to his lower back and described leg weakness, numbness and tingling along with severe low back pain. He has been treated with medications, surgery, and epidural steroid injections.

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

This patient had pain in the back starting and was on conservative, non-operative treatment until June 2005. He had a disc decompression at L5-S1 bilaterally. He then progressed with physical therapy and work hardening so that he was released to work in February 2006. The patient now has increasing pain in the back with a new MRI showing recurrent disc at L4-5, right side. He is having increasing difficulty in returning to work as a cement truck driver. He has multiple level involvement, including L3-4 which is stable at present. A fusion at L4-S1 will put increased stress on L3-4. Multiple level fusions have a low success rate in healing and especially in returning the injured worker back to work. This procedure would not result in the patient returning to work and with the multiple level involvement; this procedure is not recommended for pain relief.

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)**