

RYCO MedReview

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 03/01/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lateral fusion at L4-L5 with segmental instrumentation, posterior interbody fusion at L4-L5, iliac bone marrow aspiration, and a three day length of stay

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

Board Certified in Orthopedic Surgery

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

An MRI of the lumbar spine interpreted by, M.D. on xx/xx/xx
Evaluations with, M.D. dated 09/21/06, 10/26/06, 12/21/06, 01/08/07, 01/22/07,
and 01/31/07
A DWC-73 forms from Dr. dated 09/21/06, 10/26/06, 12/21/06, and 01/08/07

A letter of denial from dated 10/02/06
A radiology cancellation form from an unknown provider (no name or signature was available) on 10/12/06
A letter of approval from dated 10/13/06
An MRI of the lumbar spine interpreted by, M.D. dated 10/26/06
A post lumbar discogram CT scan interpreted by, M.D. dated 12/08/06
A lumbar discogram interpreted by, D.O. dated 12/08/06
A prescription from Dr. dated 01/08/07
A letter of denial from dated 01/12/07
An MRI of the lumbar spine interpreted by Dr. (no credentials were listed) dated 01/22/07
An EKG interpreted by, M.D. dated 01/22/07
An evaluation with, M.D. dated 01/22/07
A request for reconsideration from Dr. dated 01/24/07
An evaluation with an unknown physician (the signature was illegible) dated 01/26/07
A discharge summary from Dr. dated 01/27/07
A denial report from an unknown provider (no name or signature was available) dated 02/01/07
Letters of denial from dated 02/01/07 and 02/02/07

PATIENT CLINICAL HISTORY [SUMMARY]:

An MRI of the lumbar spine interpreted by Dr. on xx/xx/xx revealed disc degeneration and bulging at L4-L5 and osteophytes at T11-T12. On 09/21/06, Dr. recommended a repeat lumbar MRI. On 10/02/06, I wrote a denial for a repeat lumbar MRI. On 10/13/06, wrote a letter of approval for the repeat MRI. An MRI of the lumbar spine interpreted by Dr. on 10/26/06 revealed degenerative disease and a disc bulge at L4-L5. On 10/26/06, Dr. recommended an upright MRI or discogram. A CT scan of the lumbar spine interpreted by Dr. on 12/08/06 revealed internal annular disruption of L4-L5. A lumbar discogram interpreted by Dr. on 12/08/06 revealed concordant pain at L4-L5. On 12/21/06 and 01/08/07, Dr. recommended lumbar spine surgery. On 01/12/07, wrote a letter of denial for lumbar surgery. An MRI of the lumbar spine interpreted by Dr. on 01/22/07 was unremarkable. On 01/22/07, Dr. referred the patient to a cardiologist. An EKG interpreted by Dr. on 01/22/07 was unremarkable. On 01/22/07, Dr. also recommended a cardiology evaluation. On 01/24/07, Dr. wrote a reconsideration request for surgery. On 01/27/07, the patient was discharged from the hospital by Dr. On 01/31/07, Dr. recommended a psychiatric evaluation and treatment. On 02/01/07 and 02/02/07, wrote letters of denial for lumbar surgery.

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

This individual has recently sustained a myocardial infarction and is currently on Plavix. In addition, he suffers from anxiety and depression. These are all contraindications to a lumbar spinal fusion. Although I do believe that spinal fusion for axial pain can be performed successfully, patient selection is extremely important. As has been known for many years, the patient themselves is the biggest prognostic factor involved in whether a fusion succeeds or fails. A large study done in Utah on workers' compensation patients proves that individuals with depression, anxiety, and premorbid medical conditions are not good candidates for fusions as a part of a compensable injury. Therefore, this patient has many "strikes" against him and I would not operate on this individual in my practice. Therefore, I must state the lateral fusion at L4-L5 with segmental instrumentation, posterior interbody fusion at L4-L5, iliac bone marrow aspiration, and a three day length of stay is neither reasonable nor necessary.

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)