

IRO REVIEWER REPORT TEMPLATE – WCN

DATE OF REVIEW: 3/1/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Anterior lumbar interbody fusion L4-L5 & 3 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.

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Dates of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Uphold/Overtured</i>
722.4	22845		Prospective	1					Upheld
722.4	22851		Prospective	1					Upheld
722.4	22558		Prospective	1					Upheld
722.4	63077		Prospective	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Determination Notices – 1/5/07, 1/15/07
2. Record and Correspondence from, DO – 2/7/07
3. Record and Correspondence from, MD – 12/15/06
4. Record and Correspondence from, MD – 2/22/06-12/15/06
5. Diagnostic Studies (i.e., CT scan, discogram, MRI scan, etc) – 11/2/05, 10/27/06

PATIENT CLINICAL HISTORY :

This case concerns a adult male who sustained a work related injury. Records provide no information about the details of the accident. Diagnoses have included low back pain, spinal canal stenosis of L4-L5, and discogenic back pain. Evaluation and treatment for this injury has included medications, an epidural steroid injection, an MRI scan, a CT scan and an electromyogram.

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

There is no clinical evidence of instability or fracture in this patient. The physician reviewer indicated that the literature does not support fusion surgery for degenerative low back pain. The article by is a metanalysis of the literature and it does not conclude that there is any benefit to fusion surgery for degenerative spinal conditions. The requested anterior lumbar interbody fusion L4-L5 & 3 day length of stay is not medically necessary for 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)

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

Van Tulder 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.