



# PROFESSIONAL ASSOCIATES

**DATE OF REVIEW:** 05/30/07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

L4-L5 fusion with 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**

Lumbar myelogram and CT scan performed on 03/05/07 and interpreted by M.D.  
An evaluation dated 04/23/07 with M.D.  
A chart note from M.D. dated 04/23/07  
A medical conference note dated 04/27/07 from P.A.-C for Dr.

A preauthorization examination from dated 05/08/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The lumbar myelogram and CT scan on 03/05/07 revealed a 6 mm. predominantly central calcified disc herniation at L4-L5, which was markedly narrowed and the vacuum phenomenon was present in the disc substance. There was a vacuum phenomenon at L5-S1 disc that indicated internal degenerative changes and there was no protrusion at L5-S1. Dr. Rosenstein evaluated the patient on 04/23/07. The myelogram was reviewed at that time. It was noted the patient had diabetes that was under control. The impression was right L5 radiculopathy and L4-L5 stenosis from the combination of partially calcified disc herniation, as well as facet and ligamentous hypertrophy causing central stenosis as well as bilateral lateral recess stenosis. Dr. felt the patient was a surgical candidate for an extensive decompression at L4-L5 consisting of bilateral L4-L5 facetectomies, as well as an aggressive discectomy. On 04/27/07, Mr. and Dr. recommended an L4-L5 fusion. On 05/08/07, provided an adverse determination for the L4-L5 spinal fusion with a three day length of stay.

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

Dr. believes the patient needs a decompression of the lumbar spine at L4-L5. He believes there is the presence of a calcified fragment. It is his belief that he will need to do such a radical decompression that a fusion would be necessary. In my over 15 years experience as a spinal surgeon, there has never been a situation in which I created iatrogenic instability. With modern technique, utilization of microscopes, and the precise localization of pathology using CT myelography, there should be no indication that somebody would be destabilized with a carefully performed decompression. I am unable to find in the literature any support for the contention that a planned decompression would need to be so extensive that a prediction could be made ahead of time that there would be instability. There is no justification in the medical literature and, therefore, the planned L4-L5 fusion with 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 AND KNOWLEDGE BASE**

**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)**