

DATE OF REVIEW: May 31, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

63077, 22558, 22851, 63047, 22612, 20936, 22842, L0630 / Anterior/posterior lumbar fusion, L5-S1, LSO brace, with one day length of stay.

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

Board Certified in Neurosurgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Utilization Review Agent include:

- Texas Department of Insurance, 05/21/07
- M.D., 09/01/06
- M.D., 10/19/06, 11/22/06, 12/28/06, 03/27/07
- M.D., 02/27/07
- M.D., 04/13/07
- LLC, 04/24/07, 04/30/07

Medical records from the Provider include:

- M.D., 02/02/07, 04/13/07
- M.D., 02/27/07

PATIENT CLINICAL HISTORY:

This 62-year-old was injured on the job on XX/XX/XX, reportedly when he fell while pulling on a wrench. The patient apparently developed back and referred right leg pain.

In the review of initial MR on September 1, 2006, it is reportedly revealing L4-5 spondylotic change with diffuse annular bulge, moderate spinal stenosis, and facet arthropathy. At L5-S1, there was facet osteoarthritis, right greater than left.

A subsequent CT myelogram on February 27, 2007 reveals at L4-5 there is central canal stenosis and neuroforaminal encroachment bilaterally. At L5-S1, there is mild lateral foraminal disease and moderate bulging centrally of the discs.

The patient underwent three epidural steroid injections from October to December of 2006.

As evidenced in the medical records, the review of an EMG/nerve conduction study performed on March 27, 2007 suggests an acute L5 radiculopathy.

The patient is evaluated in the medical records twice by a neurosurgeon, M.D. The dates of the visit are in February and March of 2007. In the March visit after reviewing the CT myelogram, Dr. concludes that there is a need for an L5-S1 360-degree fusion which he basis on his interpretation of foraminal stenosis on the right at L5-S1.

The case was reviewed by two reviewers on April 24, 2007 and April 30, 2007, respectively. They denied the appropriateness of a 360-degree fusion.

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

My conclusion based upon the review of the medical records given to me is that there is no rationale for recommending a 360-degree fusion. In fact, the neurosurgeon is recommending a fusion and surgery at the L5-S1 level, and it appears, based on the MR study and the CT myelogram study, that this patient's L5 radiculopathy is likely coming from the L4-5 level on the right, likely from some type of a lateral recess stenosis syndrome, and that the more appropriate surgery would simply be a micro decompression of his L5 root. Given that additionally there is no evidence of instability and that no element of discogenic pain has been proved with any study, this further supports the rationale that there is no indication whatsoever for any type of fusion. My reasoning here is supported by ODG criteria.

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)