

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 11/8/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CPT 63042, redo laminectomy with decompression-lateral fusion-posterior instrumentation
CPT 20902, bone graft harvest
CPT 99356, 2-day inpatient stay

QUALIFICATIONS OF THE REVIEWER:

This reviewer attended the University of Pittsburgh School of Medicine after completing his undergraduate degree at the University of Virginia. He completed an internship and residency at Pennsylvania State University. He has been actively practicing since 1990. He is a member of the American Academy of Orthopaedic Surgeons and the American Medical Association.

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

CPT 63042, redo laminectomy with decompression-lateral fusion-posterior instrumentation Upheld
CPT 20902, bone graft harvest Upheld
CPT 99356, 2-day inpatient stay Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical note dated 10/29/2007
2. Confirmation of receipt dated 10/29/2007
3. IRO form dated 10/30/2007
4. Review organization dated 9/17/2007
5. Denial note dated 9/17/2007
6. Clinical note MD, dated 9/12/2007
7. Review summary MD, dated 9/11/2007
8. Notification of determination MD, dated 9/4/2007
9. Review summary MD, dated 9/4/2007
10. Notice to air analyses dated 10/30/2007
11. Clinical note dated 10/30/2007
12. Clinical note MD, dated 9/12/2007
13. Clinical note MD, dated 9/4/2007
14. Clinical note dated 9/5/2007
15. Preauthorization request note dated 9/5/2007
16. Clinical note MD, dated 7/13/2007
17. spine reconstruction note MD, dated 1/31/2003 to 7/31/2007 multiple dates
18. Clinical note MD, dated 7/13/2007
19. Clinical note dated 8/29/2007
20. Preauthorization request note dated 8/29/2007
21. spine reconstruction note by MD, dated 6/15/2007 to 7/31/2007 multiple dates
22. Clinical note dated 4/10/2007
23. Clinical note dated 1/13/2007
24. Preauthorization request note dated 4/10/2007
25. spine reconstruction note MD, dated 2/13/2007

26. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a xx year old male with diagnoses of intervertebral disc disorder with spondylolisthesis and spinal stenosis of the lumbar region. A MRI showed severe facet arthropathy at L4-S1 with grade 1 retrolisthesis of L5 on S1, severe spinal stenosis at L4-5 due to herniation combined with short pedicles and facet arthropathy, L5-S1 disc bulge with central protrusion extending to both paracentral regions with lateral recess, and foraminal stenosis and annular tears at both levels. The provider has requested a laminectomy with decompression-lateral fusion-posterior instrumentation along with a bone graft and 2-day inpatient stay. This request is now under review for medical necessity.

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

Based on the records provided for review, the requested redo laminectomy with decompression, lateral fusion, posterior instrumentation and bone graft harvest with two day length of stay would not be recommended as medically necessary at this time.

The claimant presents with an extensive and complicated history. He has significant pathology on MRI evaluation with positive electrodiagnostic studies for L4-5 and L5-S1 pathology; however, there are no dynamic studies demonstrating instability. There is documentation of progressive left lower extremity weakness without current reflex or sensory findings. There is reference to use of physical therapy in 2003, epidural steroid injections in 2004 and medications; however, his recent management is unclear.

In addition, the review request is for redo laminectomy. The claimant has not had surgery. The levels for surgical management are not noted in the request on 09/05/2007 although the physician note of 07/31/2007 indicates L4-S1. There is no reference to psychological evaluation. While the claimant does present with significant functional deficits, incapacitating pain complaints, some supportive imaging findings and reference to failure of conservative management, additional information is needed to clarify the above concerns prior to further consideration of extensive surgical intervention.

Therefore, the requested procedures and 2-day inpatient stay are deemed not medically necessary at this time. The previous denial is upheld.

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

X 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)