



Medwork Independent Review

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MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 10/31/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

ALIF Lumbar @ L4/5, L5/S1 w/ PLIF

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

Texas State Licensed MD Board Certified Orthopaedic Surgeon

REVIEW OUTCOME [PROVIDE FOR EACH HEALTH CARE SERVICE IN DISPUTE]

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

1. Texas Dept of Insurance Assignment to Medwork 10/15/07
2. Confirmation of Receipt of a Request for a Review by an IRO 10/12/07
3. Company Request for IRO Sections 1-8 undated
4. Request for a Review By an IRO 10/08/2007
5. Preauthorization Determination 8/08/07
6. UR findings letter 09/13/2007
7. Institute letter dated 09/04/2007
8. Fax from Institute request for precert dated 08/03/2007
9. Institute letter dated 07/26/2007
10. Institute letter dated 10/26/2006
11. Operative Report dated 08/10/2006
12. Radiology Report dated 08/10/2006
13. MRI L-Spine w/o contrast 01/30/2006
14. ODG guidelines not provided by the URA



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PATIENT CLINICAL HISTORY [SUMMARY - REFRAIN FROM USING NAME]:

I have had the opportunity of reviewing various medical records concerning patient. There has been a request for an anterior lumbar interbody fusion at L4-5 and L5-S1 together with a posterolateral fusion at those two levels.

The previous request for this surgery has been denied based upon standard protocols.

I have reviewed the information submitted. This man underwent CT diskography on August 10, 2006. That diskogram study was positive at L3-4 for markedly abnormal morphology of the disk. I understand that there was not provocative reproduction of concordant pain, although there was some pain present. There was concordant pain at L4-5 and L5-S1.

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

The peer reviewed literature suggests that the use of diskography is not only to identify the painful levels but to make sure that adjacent levels are normal. In my opinion, it would be unreasonable to carry on an arthrodesis of L4-5 and L5-S1 already knowing that there was a markedly disorganized disk at L3-4.

Based on this, it is my opinion that the previous adverse determination should be upheld.

References used: Carragee 2006; American Academy Pain Management; NASS.

ODG guidelines were not provided by the URA; therefore they were not used in this decision.

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



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- 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)**