

Applied Assessments LLC

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 04/25/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Posterior lumbar interbody fusion L5-S1 with three-day inpatient stay

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

M.D., Board Certified Orthopedic Surgeon

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)

Upon independent review the reviewer finds that the requested posterior lumbar interbody fusion at L5-S1 with three day inpatient stay is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Adverse determination letters, 02/15/08, 02/28/08
2. ODG Guidelines and Treatment Guidelines
3. D.O., office visits 02/01/08, 12/18/07, 11/06/07
4. Reply to denial letter 02/21/08
5. M.D. letter to, D.O., 01/16/08
6. Pre-authorization request

7. Operation report 07/22/07
8. MRI scan report 09/05/07
9. Discogram post CT 03/09/07
10. Behavioral evaluation report 04/23/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is an injured worker who is xx years of age. Her date of injury is xx/xx/xx. She was initially recommended to have a lumbar disc replacement surgery which was denied. She has had a discogram post CT which showed internal disc disruption of L3-4, L4-5, L5-S1 with reproduction of her pain. The L2-3 level was normal. She has multi-level bilateral lumbar facet arthropathy. An MRI scan showed a protrusion at L3-4 and L4-5 and spondylosis at L5-S1 without protrusion. The current request, due to the denial of the disc replacement, is for a posterior lumbar interbody fusion.

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

This is a patient with an MRI scan which is compatible with her age. She has three-level disc disease by provocative discography as well as facet arthropathy. The decision for the surgery is clearly based upon the results of provocative discography since the L5-S1 level does not have herniation and showed only spondylosis with no evidence of instability manifested. The discogram post provocative CT is generally used as an exclusion criteria for surgery rather than an inclusion criteria. In this case, it appears to be used as an inclusion criteria. What is not explained in the medical records is why the other two abnormal painful levels were not included in the fusion surgery. ODG guidelines do not support the use of fusion greater than two levels. This patient does not meet ODG criteria for lumbar fusion, which includes spinal fracture, dislocation, spondylolisthesis, frank neurogenic compromise, and indeed other evidence of instability. Also, psychosocial screening has not been performed, based upon the medical records in this particular case; however, the basic reason for upholding the previous adverse decision despite that she has three-level discogenic pain on the discography is that the physician has not explained the medical basis for one-level fusion addressing three-level pain.

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)