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## Notice of Independent Review Decision

**DATE OF REVIEW:** 08/11/08

**IRO CASE #:**

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

Transforaminal Interbody fusion 2 day LOS

### **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.

Transforaminal Interbody fusion 2 day LOS - Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- MRI of the lumbar spine, M.D., 07/03/07
- History and physical examination, M.D., 08/10/07

- Right transforaminal epidural injection, M.D., 11/26/07
- Right transforaminal epidural injection, Dr., 04/25/08
- Examination evaluation, Dr. 05/02/08, 06/26/08, 07/16/08
- Report of Medical Evaluation, M.D., 05/05/08
- Pre-Authorization request, Dr., 05/27/08
- Adverse determination, 05/30/08, 06/11/08, no date
- Appeal, 06/02/08
- Acknowledgement of reconsideration request, 06/04/08
- Letter from Dr. to, 06/11/08
- Examination evaluation, , M.D., 06/26/08
- Notice of assignment of IRO, 07/21/08

**PATIENT CLINICAL HISTORY (SUMMARY):**

The patient sustained an injury to his lower back. He had numbness in the lower back on the right side that runs down the buttock and the upper thigh to the right calf, ending in the bottom of the right foot. An MRI of the lumbar spine was performed and the patient has received multiple epidural injections. The patient has also received physical therapy, which according to the patient made the pain even worse. X-rays were also performed, including lumbosacral spine films and flexion/extension. The patient's most recent medications include Skelaxin, Hydrocodone, and Lyrica.

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

There is no evidence that the patient's degenerative changes are the source of his ongoing pain. Such degenerative changes are found in the asymptomatic population. The patient is quite depressed. He does not meet the criteria set out by the **ODG** for the transforaminal fusion, that is having failed all types of nonsurgical treatment (for example, work conditioning), and his psychological status is in doubt. Therefore, the patient does not meet the criteria for the **ODG** and he is not a candidate for surgical intervention at this time.

Several things lead to the thought that this surgery would have a bad prognosis; the patient is using significant amounts of narcotics, he had to stop physical therapy due to an increase in pain, and his use of a cane due to a loss of balance and right knee buckling out from under him. None of these appeared to be physiologic in nature.

**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)