

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 08/26/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transforaminal lumbar interbody fusion at L5/S1.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the spine-injured patient

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial 06/06/08 & 07/01/08, including criteria for denial (ODG)
3. Operative reports (ESI) 12/27/07 & 01/24/08
4. MRI 07/26/07
5. Neurosurgeon's H&Ps 06/03/08 and 06/18/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This male suffered a straining injury of his lumbar spine on xx/xx/xx while carrying buckets of trash up and down ladders. He developed low back pain and right leg radicular-like pain. He has been treated with epidural steroid injections, activity modifications, TENS unit, and physical therapy. The MRI scan revealed degenerative disc disease changes at L5/S1, and a lumbar interbody fusion has been recommended and denied on two prior occasions.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

This patient's clinical circumstances failed to include important elements of documentation, which are required by the ODG Guidelines for approval to perform spine fusion. Specifically, not all pain

generators have been investigated. There is no psychologic evaluation. There is no demonstrable evidence of instability.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature
- Other evidence-based, scientifically valid, outcome-focused guidelines