



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 8/25/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of an L4 – S1 anterior interbody fusion with screws with 2-3 day inpatient hospital stay.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery and who has greater than 15 years of experience.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of an L4 – S1 anterior interbody fusion with screws with 2-3 day inpatient hospital stay.

A copy of the ODG was not provided but rather was cited in a denial report by the carrier.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female with chronic lumbar pain and some right leg pain since her injury when she moved a heavy table x years ago while at work . The patient is a 1.5 pack per day smoker, has a history of DVT x 2 , a factor 5 Liden deficiency and is on coumadin daily. On physical exam, no focal findings (4/16/08 exam), MRI reveals multilevel DDD (3/27/08 and 5/2/08) and left sided stenosis without symptoms. Psychological evaluation 5/23/07 revealed depression and pain and anxiety intensification.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE

CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The reviewer states that the patient does not meet criteria for lumbar fusion per ODG.

ODG cite

Lumbar fusion in workers' comp patients: "...there remains insufficient evidence to recommend fusion for chronic low back pain in the absence of stenosis and spondylolisthesis...Workers' compensation status, smoking, depression, and litigation were the most consistent presurgical predictors of poorer patient outcomes.

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)**