

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 01/19/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar laminectomy with the following procedure codes: 22899, 63030, 63035, 69990, 62290, 22612, 99220, 22851, 20938, 22842, 22558, 20975, 63685, and 22325, to be completed by 02/08/08.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., Board Certification: American Board of Orthopedic Surgery, with experience in the evaluation and treatment of patients with spine injuries.

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 and criteria used in denial (ODG)
3. Letter from carrier's attorney 01/17/08
4. Designated doctor exam 12/27/07
5. Office visit notes 10/16 & 11/13/07
6. Letter from TD to IRI 01/18/08
7. Radiology Reports:
 - EMG & nerve conduction study 11/21/07
 - MRIs: 01/30/07, 09/17/07
 - Radiology peer review of 01/30/07 MRI – 11/06/07
8. Pain management consultation 09/27/07
9. Pre-surgery psychological screening 11/30/07
10. Work status report 10/16/07

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This female fell back over some office furniture, suffering a direct blow injury to her lumbar spine. She was evaluated and was diagnosed as having sprain and strain of the lumbar spine and displacement of intervertebral discs without myelopathy. An MRI scan was obtained on 09/17/07 and was compared with an MRI scan performed six months prior to the date of injury. Specifically, there was evidence of degenerative disc disease at the lower lumbar levels of L4/L5 and L5/S1, some retrolisthesis without evidence of neural compromise and/or suggestion of instability. An EMG study performed on 11/21/07 revealed no compressive neuropathy. There was some evidence of irritability of lower lumbar roots without involvement of sacral roots. The patient was evaluated on 10/16/07 and 11/13/07. A recommendation for two-level lumbar laminectomy, decompression, anterior and posterior fusion with insertion of anterior bone graft cage, posterior instrumentation, and electrical bone growth stimulator was made on two occasions. This request for preauthorization for the spine surgery has been denied.

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

The decision to deny the request for preauthorization of this 360-degree spine fusion with two-level laminotomies, laminectomies with nerve root decompression appears to be correct. There is no evidence of acute trauma on either MRI scan in January 2007 and in September 2007. No physical findings are reported to suggest cauda equina compromise. There are no reliable physical findings to suggest nerve root compressive disease, which would warrant nerve root decompression. There is no evidence offered to suggest instability.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THIS 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 (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)