

Notice of Independent Review Decision

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 07/03/08

**IRO CASE #:**

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

Exploration of lumbar fusion with possible repair pseudoarthrosis with bone graft and instrumentation.

**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 the spine-injured patient.

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
724.6	22830		Pros.						Upheld

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI Case Assignment
2. Letters of denial, 06/02/08 and 06/12/08 including criteria for the denial from the ODG
3. Correspondence from the orthopedic surgeon dated 04/23/07 and 06/19/08
4. Orthopedic follow up visits, 05/10/07 through 09/27/07, five visits, and 04/28/08 and 05/22/08
5. Range of motion exams, 04/23/07, 09/27/07, and 06/19/08
6. Operative reports, 01/10/08 and 02/07/08 for epidural steroid injections
7. Radiology reports
8. MRI scan of the lumbar spine 05/07/07
9. CT scan lumbar spine, 09/19/07
10. CT scan lumbar spine with addendum, 05/14/08

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This female complains of persistent low back pain described as “mechanical.” Currently the patient is being treated in a pain management therapy regimen. The date of injury was given as xx/xx/xx. There is no description of the injury. There was no description or documentation of prior treatment other than an L5/S1 fusion, which was accomplished at some time in 2000. There is little in the way of physical examination, neurological examination, or documentation of the patient’s body habitus. Her activities are not documented.

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

There is insufficient clinical information provided to justify overturning prior denials including a primary denial and a denial of appeal. The ODG specifically states that revision surgery for possible pseudoarthrosis of the lumbosacral spine fusion should be undertaken only very carefully after serious consideration. The success rate for revision surgery is less than 50%, and the complication rate is considerable.

**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 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, 2008 Low Back Chapter, Fusion Surgery passage.
- 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.)