

P-IRO Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: 07/21/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L5/S1 fusion/decompression with a 3 day length of stay

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

Board Certified Neurosurgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 6/20/08 and 7/2/08

Lumbar Spine Xray 1/31/08;

Lumbar Myelogram 1/31/08 and CT L-Spine 1/31/08

PT Reassessment 3/3/08

Dr. notes 01/11/2008, 02/05/2008, 02/18/2008, 04/22/2008, 06/20/2008

MRI 7/25/07

Operative Report 11/6/07

FCE 10/16/07

Advocate Dr. clinic notes 10/17/07, 10/24/2007, 10/31/07, 02/25/2008, 03/10/2008, 03/24/2008

Letter from 's Office 7/10/08

DDE 5/12/08 and 8/18/07

FCE 1/15/08

Occupational & PT notes 1/21/08, 1/23/2008, 01/28/2008, 01/30/2008, 02/06/2008, 02/20/2008, 02/2/2008, 02/25/2008, 02/28/2008, 03/03/2008, 03/06/2008, 04/07/2008, 04/21/2008, 05/05/2008

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year-old male who, on xx/xx/xx, pulled the fuel hose down and hit his chin and knocked him against a rack and then against the pump. He then fell to the ground, injuring his neck, low back, and chin. He complains of back and bilateral leg pain, worse on the right than the left. He has had medication, physical therapy, chiropractic therapy, epidural steroid injection. His neurological examination reveals a decreased right patellar reflex. An MRI of the lumbar spine 07/25/2007 reveals bilateral L5 spondylolysis with grade I spondylolisthesis of L5 on S1, moderate bilateral foraminal stenosis, and a 3mm disc protrusion at L4-L5 with mass effect on the left L5 nerve root. X-rays of the lumbar spine 01/2008 shows grade I-II spondylolisthesis at L5-S1. The provider reports some movement on flexion and extension. He also notes a retrolisthesis at L4-L5. The official report of flexion and extension films was not submitted for this review. A myelogram CT 01/2008 showed a 5mm calcified posterior-lateral disc herniation at L4-L5 compressing the thecal sac and marked canal stenosis with mild left foraminal narrowing and moderate right stenosis; there is grade I-II spondylolisthesis at L5-S1 with marked bilateral foraminal narrowing. An EMG/NCV in 08/27/2007 was normal. The patient is a smoker, 2 packs per day x 27 years.

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

This patient is, indeed, a surgical candidate, given the failure of conservative therapy, severity of symptoms, and severe pathology seen on neuroimaging. However, the patient does not meet ODG criteria for a lumbar fusion for two reasons. Firstly, according to ODG "Low Back" chapter, **lumbar fusion**: "all pain generators" should be "identified and treated". Given the patient's symptoms, it is concerning that he may be symptomatic from the L4-L5 level as well as L5-S1 level. He has significant pathology at L4-L5 with marked canal stenosis with mild left and moderate right foraminal narrowing. The reviewer from 7/02/2008 also expressed this concern. Secondly, the patient is a heavy smoker. According to ODG, "Low Back" chapter, **fusion**, "For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing". Although it is true that some patients are unable to quite smoking, an attempt should be made and documented prior to undergoing a lumbar fusion, as recommended by ODG.

References/Guidelines

ODG "Low Back" chapter

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)