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Notice of Independent Review Decision

DATE OF REVIEW: July 10, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4-5 and L5-S1 decompression, posterior lumbar interbody fusion with cages and posterior lumbar interbody fusion with plate and screw fixation to include CPT codes 63047, 63048, 22630, 22632, 22612, 22614, 22842, 22851, 20937, 99222.

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

Diplomate, American Board of Orthopaedic Surgery

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)

PATIENT CLINICAL HISTORY:

The patient was injured on xx/xx/xx. The mechanism of injury involved picking up coin bags at work and putting them into a coin machine. The patient started having severe low back pain.

A lumbar MRI on February 15, 2007 revealed mild spondylosis/discogenic changes without evidence of significant central spinal or foraminal narrowing and no definite evidence of a focal disc herniation seen.

Apparently, an EMG/Nerve conduction velocity study was performed and was negative.

A lumbar myelogram/CT was performed on April 17, 2007. Impression was mild acquired spinal stenosis at the L3-4 and L4-5 levels secondary to spondylosis change. No focal disc protrusions were noted.

M.D. performed left L5 transforaminal nerve root block on May 9, 2007, and a left L4 transforaminal nerve root block on June 6, 2007

The patient underwent a lumbar discogram at L2-3, L3-4, L4-5, and L5-S1. The impression was normal and non-painful disc at L2-3, and concordantly painful and disrupted discs at L3-4, L4-5, and L5-S1 with L5-S1 being the predominantly painful disc.

On November 27, 2007, M.D. recommended L4-5 and L5-S1 decompression and posterior lumbar interbody fusion, as the patient had failed conservative management. The request was denied by the carrier.

An IRO was obtained previously, and the IRO opined that the denial should be upheld. The treating physicians resubmitted a new request for surgery, and the second IRO is being requested.

Additionally, a designated doctor examination was carried out on March 31, 2008.

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

It is my opinion that the surgery is not supported as medically necessary according to ODG Guidelines. The ODG Guidelines clearly indicate that there is lack of support for a fusion from mechanical low back pain for subjects with failure to participate effectively in an active rehabilitation prior to surgery, total disability over six months, active psychiatric diagnosis, and narcotic dependence. There is evidence in this case that the patient has an active psychiatric diagnosis, narcotic dependence, and total disability over six months. Therefore, this patient does not meet patient selection criteria for lumbar fusion according to ODG Guidelines.

Therefore, in my opinion, denial should be upheld.

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)