

Clear Resolutions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: JULY 24, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Inpt Lumbar Decompression L3-4, L4-5, L5-S1, inst. Fusion L5/S1, LOS 2 days

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

MD, Board Certified Orthopedic Surgeon

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity does not exist for Inpt Lumbar Decompression L3-4, L4-5, L5-S1, inst. Fusion L5/S1, LOS 2 days.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 6/16/08, 6/30/087
Page Five of Previous IRO Review Letter, 4/15/08
, MD, 3/11/08, 2/19/08, 11/27/07
CT Scan of the Lumbar Spine, 3/9/07
Lumbar Myelogram, 3/7/08
, DO, 7/19/06, 9/6/06, 8/11/06, 8/29/06
EMG, 8/27/07

Workers Comp Reports, 2/11/08, 8/10/07, 6/18/08
, MD, 8/15/07
Discharge Instructions, 2006, 2008
, 6/08
, MS, LBSW, LPC, 12/6/07
Operative Report, 3/9/07
MRI of Lumbar Spine, 4/10/06
3 View Lumbar Spine, 1/10/06
ODG-TWC, Lumbar and Thoracic

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a patient who is an injured worker, xx years of age, who complains of back pain and some radiculopathy based on the medical records provided. He has had a myelogram and post-myelographic CT scan, which, according to Dr. , reveals a flat L5/S1 disc but protrusions at L3/L4, L4/L5, and L5/S1. A discogram and post-discographic CT scan shows abnormal discs at L3/L4, L4/L5, and L5/S1. Dr. , through his investigation, has documented that the patient has the classic degenerative cascade that can be reflected as indication of his age. Through discogram and pain reports, we know that while there was disruption of the disc, according Dr. 's report at L3/L4 but not according to the physician who performed the report, that there was nonconcordant back pain, but disc architecture was normal. At L4/L5, apparently disc architecture was also normal with nonconcordant back pain. At L5/S1 there was questionably positive disc, but the architecture of the disc was said to be within normal limits. Hence, from a morphological standpoint, this patient's discs have been shown to be intact and not reproductive of discogenic pain. As far as the pain reports, these are questionable, as the patient's report of pain upon evaluation, even with architecturally normal discs. Furthermore, Dr. documents instability in his report at L3/L4, L4/L5, and L5/S1, the worst level being at L5/S1. The request is for decompression at L3/L4 and L4/L5 with a fusion at L5/S1. Dr. has stated that the extension angle at L4/L5 mentions 18 degrees of facet subluxation and foraminal stenosis, and at L3/L4, 15 degrees extension angle, which he states are both abnormal. On his review of the post-discographic CT scan, he states that there is a disc tear or annular tear at L3/L4, L4/L5, and L5/S1. This conflicts with the report of the specialist who performed the study. Dr. 's diagnosis appears to be discogenic pain at L3/L4, L4/L5, and L5/S1 with instability at L5/S1, notwithstanding his documentation of a degenerative cascade affecting the above superior levels.

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

Based upon Dr. 's records, and should his evaluation be correct and this patient is a candidate, he would be a candidate for three-level fusion, not a single level fusion. Based upon Dr. 's documentation of the discs and the discographic findings at L5/S1, there does not appear to be a high confidence level as to this being a pain generator. Therefore, based upon a combination of the conflicting data within the medical records, the indications for the request of surgery do not appear to be met based upon multilevel disease, and ODG Guidelines, the previous adverse determination is upheld. The reviewer finds that medical necessity does not exist for Inpt Lumbar Decompression L3-4, L4-5, L5-S1, inst. Fusion L5/S1, LOS 2 days.

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)