

# US Decisions, Inc.

*An Independent Review Organization*

71 Court Street (512)

782-4560 (phone) (207)

470-1085 (fax)

## Notice of Independent Review Decision

**DATE OF REVIEW:** 06/23/08

**IRO CASE #:**

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

Lumbar surgery 63688 and 63660 with possible exploration L4-5 and L5-S1 22830, 22612 and 63042

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

M.D., 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)

Upon independent review the reviewer finds that the requested lumbar surgery 63688 and 63660 with possible exploration L4-5 and L5-S1 22830, 22612 and 63042 is not medically necessary.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This injured worker sustained a burst fracture of L4 and subsequently underwent an L3/L4 to L4/L5 decompression and fusion with interbody implants and lateral fusion. Subsequent x-rays of flexion and extension views do not reveal any motion. A CT scan of the lumbar spine showed pseudoarthrosis posterolaterally at L3/L4 and no solid interbody incorporation at L3/L4 or L4/L5. The injured employee's history is indicative of some lumbar stiffness with pain about the EBI transmitter unit. Initially there was an indication to remove this unit on an outpatient basis. The current request is for lumbar surgery 63688 and 63660 with possible exploration L4-5 and L5-S1 22830, 22612 and 63042.

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

ODG Guidelines do not support lumbar pseudoarthrosis repair in the absence of significant clinical findings. In this particular patient, while the EBI transmitter unit is clearly sensitive, the recommendation for exploration of the pseudoarthrosis and repair of the same is not supported by ODG Guidelines. The claimant was noted on 10/30/07 to be doing excellently with his postoperative rehabilitation. On 11/27/07 it was noted that the patient was doing nicely with his postoperative rehabilitation. On 12/17/07 he was continuing to do well with his rehabilitation. On 03/04/08 the surgeon notes that his chief complaint is back stiffness with pain about the EBI. On 03/21/08 the surgeon notes that the claimant has had persistent symptoms related to the EBI unit. Again, initially there was an indication to remove this unit on an outpatient basis. However, the reviewer finds that the request for lumbar surgery 63688 and 63660 with possible exploration L4-5 and L5-S1 22830, 22612 and 63042 is not medically necessary and the previous adverse determination is being 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)**