

Notice of Independent Review Decision

**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 3/7/2008  
**IRO CASE #:**

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

Lumbar laminectomy/fusion at L5-S1, LOS 1 day

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer attended the University of Pittsburgh School of Medicine after completing his undergraduate degree at the University of Virginia. He completed an internship and residency at Pennsylvania State University. He has been actively practicing since 1990. He is a member of the American Academy of Orthopaedic Surgeons and the American Medical Association.

**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)

Lumbar laminectomy/fusion at L5-S1, LOS 1 day Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. IRO request form dated 2/22/2008
2. Request for a review dated 2/22/2008
3. Clinical note by MD, dated 1/28/2008
4. Review summary by MD, dated unknown
5. Clinical note by MD, dated 2/12/2008
6. Review summary by MD, dated 2/8/2008
7. Notice dated 2/25/2008
8. Clinical note dated 1/24/2008
9. Clinical note by MD, dated 1/21/2008
10. Clinical note by MD, dated 1/17/2008
11. Operative report by MD dated 11/8/2007
12. Radiology report by MD, dated 11/8/2007
13. Radiology report by MD, dated 11/8/2007
14. Clinical note by MD, dated 4/12/2007
15. Clinical note by MD, dated 11/30/2007
16. Clinical note by MD, dated 3/19/2007
17. Clinical note by MD, dated 3/8/2007
18. Clinical note by MD, dated 2/22/2007
19. Imaging report by MD, dated 1/12/2007
20. Clinical note by, dated 12/15/2006
21. Clinical note by MD, dated 1/28/2008
22. Review summary by MD, dated unknown
23. Clinical note by MD, dated 1/28/2008
24. Review summary by MD, dated unknown

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25. Clinical note by MD, dated 1/31/2008
26. Clinical note by MD, dated 1/21/2008
27. Clinical note by MD, dated 1/17/2008
28. Operative report by MD, dated 11/8/2007
29. Radiology report by MD, dated 11/8/2007
30. Radiology report by MD, dated 11/9/2007
31. Clinical note by MD, dated 4/12/2007
32. Clinical note by MD, dated 3/19/2007
33. Clinical note by MD, dated 3/8/2007
34. Clinical note by MD, dated 2/22/2007
35. Imaging report by MD, dated 1/12/2007
36. Clinical note by, dated 12/15/2006Notice of assignment dated 2/25/2008
37. Clinical note by MD, dated 1/31/2008
38. Clinical note by MD, dated 1/17/2008
39. Notice of assignment dated 2/25/2008
40. Clinical note by MD, dated 1/31/2008
41. Clinical note by MD, dated 1/21/2008
42. Clinical note by MD, dated 1/17/2008
43. Operative report by MD, dated 11/8/2007
44. Radiology report by MD, dated 11/8/2007
45. Clinical note by MD, dated 11/8/2007
46. Clinical note by MD, dated 4/12/2007
47. Clinical note by MD, dated 3/19/2007
48. Clinical note by MD, dated 3/8/2007
49. Clinical note by MD, dated 2/22/2007
50. Official Disability Guidelines (ODG)

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This male was injured while at work. He reportedly fell from the roof to the ground. She has severe back pain in addition to bilateral hip and leg pain. It was noted that the injured worker has undergone physical therapy in addition to taking hydrocodone. He did not want to proceed with an epidural steroid injection.

At this time, the request for lumbar laminectomy/fusion at L5-S1, LOS 1 day, is under review for medical necessity.

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

This is a injured worker for whom a L5-S1 laminectomy and fusion with a one day overnight has been requested. The records submitted document that this employee fell from a roof following which he has had persistent low back complaints. The most recent imaging studies document degenerative disc disease at L5- S1. His subjective complaints include back and lower extremity. He reportedly has mildly diminished reflex on the left Achilles, but no clear-cut weakness. Discussions were made regarding the potential for lumbar disc displacement versus fusion and instrumentation.

In consideration of the clinical information provided, as well as the OGD criteria, there are no compelling indications that would support the medical necessity of the proposed L5-S1 fusion. In particular, there is no clear indication that all pain generators have been identified. Furthermore, there is no demonstrable instability, or progressive neurologic deficit. In addition, there has been no evidence to address any confounding psychological issues that could, even in the ideal setting for surgical indications, suggest a poor prognosis.

There is no indication to recommend the proposed laminectomy and fusion with and overnight stay as being reasonable or medically necessary. Therefore, the previous denial is upheld.

I have been asked to review two letters by Dr. dated 01/17/08/and 01/31/08 and advise if the additional medical information changes my opinion. Both of these records were previously reviewed at the time of my 02/29/08 report. In light of the fact I had previously reviewed these documents; the opinions expressed in my prior report remain unchanged. The medical records provided for my review do not contain any documentation or evidence of instability or progressive neurologic deficit to support the proposed procedure. The 01/17/08/and 01/31/08 records of Dr. do not contain a psychological evaluation to rule out any confounding issues or contain any documentation to support the medical necessity of the proposed laminectomy and fusion.

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**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)