

Notice of Independent Review Decision

DATE OF REVIEW: 03/27/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Surgery of the lumbar spine at L5-S1, diskectomy with fusion

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

The TMF physician reviewer is a board certified orthopedic surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the surgery of the lumbar spine at L5-S1, diskectomy with fusion is medically necessary to treat this patient's condition

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information from TDI for assignment of review by IRO – 03/13/08
- Letter of determination from– 01/14/08, 01/29/08
- Letter from Dr. for authorization for surgery – 12/03/07
- Patient information sheet from Dr. – no date

- Office visit notes from Dr. – 08/31/07 to 11/26/07
- Report of the MRI of the lumbar spine – 11/19/07
- Report of the x-ray of the lumbar spine – 11/19/07
- Report of electrodiagnostic study – 09/29/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when he lost his balance and fell backwards while climbing up a step. The patient experienced an immediate onset of pain. An MRI of the lumbar spine noted frank disc extrusion of the markedly degenerative L5-S1 disc produces a marked central spinal stenosis and a marked left, greater than right, lateral recess stenosis. An x-ray of the lumbar spine reported marked degenerative disc disease at L5-S1. The patient is being treated with analgesics and the treating physician has recommended spinal surgery.

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

The proposed surgical intervention is appropriate and medically indicated. This patient sustained an injury consistent with L5-S1 disc herniation and has failed at least one year of conservative care. The MRI report described a “frank disc extrusion” that “produces a marked central spinal stenosis and marked left greater than right lateral recess stenosis”. Under these circumstances, surgical intervention is necessary. In addition, given the degree of disc degeneration (“marked” on x-ray) and the significant component of axial pain (low back pain) in addition to radiculopathy, a fusion with internal fixation +/- interbody fusion is indicated and widely employed.

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)