

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 03/11/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar decompression and instrumented posterolateral fusion at L3/L4 combined with a PLIF L3/L4 and three-day length of stay.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., Board Certification: American Board of Orthopedic Surgery, with experience in the evaluation and treatment of patients with axial spine problems

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
724	63047	NA	Prosp	1					Upheld

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment.
2. Letters of Denial, 01/29/08 and 02/21/08 and the criteria used for the denial (ODG)
3. Radiology reports, 11/15/05
4. Orthopedic consultation and clinic notes, 03/26/07 through 02/04/08
5. Pain management notes, 10/30/07 and 12/17/07
6. CT scan and lumbar myelogram, 07/31/07
7. Operative report, 10/18/07

SUMMARY OF INJURED EMPLOYEE CLINICAL HISTORY:

This male suffered a lumbar spine injury. The mechanism of injury is not described. The patient has not returned to work since 2002. A lumbar spine fusion from L4/S1 has been accomplished. The date of that surgery is not documented. The patient now suffers chronic low back pain with lumbar disc changes at L3/L4 and L2/L3 with varying degrees of canal stenosis. Radiculopathies of roots L3/L4 have been suggested. The MRI scan suggests both L3/L4 nerve root potentially

compromised. Request for specific lumbar decompression and instrumented posterolateral fusion at L3/L4 combined with a PLIF L3/L4 has been denied on two occasions.

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

There is a high degree of predictable poor result for the performance of a simple L3/L4 decompression and posterior lumbar interbody fusion with posterolateral instrumented fusion. Not all of the pain generators have been defined well. The patient has reported little benefit from the L4 through S1 lumbar fusion. There is no evidence of instability, specifically no flexion/extension, lateral x-rays, and no psychological screen present. This patient does not meet criteria as mandated by the Texas Workers' Compensation Commission in the ODG.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 (Low Back Chapter, Criteria for Lumbar Spine Fusion).
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)