Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 3/31/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of an L5-S1 interbody fusion/discectomy/interbody fixation/posterior internal fixation and a decompression/allograft/iliac crest/bone marrow aspirate with 1 day length of stay.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a board certified Orthopedic Surgeon who has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of an L5-S1 interbody fusion/discectomy/interbody fixation/posterior internal fixation and a decompression/allograft/iliac crest/bone marrow aspirate with 1 day length of stay.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:
DC
Spine Care – MD
Integrated Services
Law Office

These records consist of the following (duplicate records are only listed from one source): Records received from DC: Medical Progress Evaluation-2/20/08; Medical progress evaluation-2/6/08; 1/28/08 report from MD; 1/31/08 letter from ; cervical spine MRI-9/16/06, right knee MRI-9/8/06, thoracic spine MRI-9/9/06, and chest MRI-9/16/06; 8/30/07 letter from MD; Associates testing reports-3/15/06-3/16/06; MD EMG/NCS report-9/27/06; DC narrative-2/24/06.
Records received from Spine Care – MD: 2/20/08 Request for Preauthorization; MD chart note-10/16/06-2/18/08 and progress notes-2/7/08-2/8/08; Surgery Center operative report-2/15/08; Spinal Rehabilitation Center assessment and testing report-11/16/07; MD caudal epidural steroid block report-11/6/06; lumbar spine MRI-9/9/06; and Associates testing reports-4/13/06.
Records received from Integrated Services: MD chart note-6/18/07-8/10/07.
Records received from Law Office : letter-3/25/08

SIRO did not receive a copy of the ODG from Carrier or URA.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a xx-year-old female who tripped over a broom, fell forward into her chest and knees while at work at the xxx on xx/xx/xxxx. She now complains of low back pain, and pain down both legs (R>L) front and back to below the knees but not the feet. An MRI on 9/9/06 of the L spine revealed a 2mm L bulge and decreased signal and height at L5-S1. An EMG/NCV by Dr. was normal. Single ESI in 11/2006 gave no immediate response, improvement or pain relief. Multiple Waddell signs were noted by designated doctor Dr. A discogram on 2/15/2008 reveals concordant pain only at L5-S1 10/10 with worsened pain since the discogram.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The reviewer states that although the discogram was positive, the patient has no structural instability, progressive neurologic dysfunction, nerve compression, or spondylolisthesis. According to the ODG…' a positive discogram in itself would not allow fusion. (Carragee-*Spine*, 2000) (Carragee2-*Spine*, 2000) (Carragee3-*Spine*, 2000) (Carragee4-*Spine*, 2000) (Bigos, 1999) (ACR, 2000) (Resnick, 2002) (Madan, 2002) (Carragee-*Spine*, 2004) (Carragee2, 2004) (Maghout-Juratli, 2006) (Pneumaticos, 2006) (Airaksinen, 2006).' In cases of workers compensation, patient outcomes related to fusion may have other confounding variables that may affect overall success of the procedure, which should be considered. Until further research is conducted, there remains insufficient evidence to recommend fusion for chronic low back pain in the absence of stenosis and spondylolisthesis.

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)**