

P-IRO Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: March 22, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Three day inpatient surgery for exploration of L4/5, L5/S1 fusion, RE-do fusion in non-union confirmed, implant screws, rods, BMP, autograft, allograft, use of fluoroscopy.

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

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
X-ray lumbar spine, 04/07/03
MRI lumbar spine, 04/22/03
Discogram, 03/04/04
OR note, 05/12/04
Myelogram/CT, 05/09/06
Consult, 12/04/07
Office notes, Dr. , 01/04/8, 01/29/08, 02/21/08
CT, 01/23/08
MRI, , 02/04/08
Request for reconsideration, Dr., 02/12/08
MRI, , 02/14/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year old female who had an L4-5 and L5-S1 fusion in May of 2004 and hardware removal in 2006. She had returned to work and on 12/04/07 she fell and developed back pain. On a 12/04/07 consultation the claimant reported that medication relieved pain prior to injury and following her injury it did not.

On 01/04/8 Dr. evaluated the claimant noting that she had no new numbness. He indicated a history of smoking 1-2 packs per day. On examination she was able to toe and heel walk. There was no spasm and straight leg raise sitting and supine caused low back pain and proximal leg pain on the right. Patella reflexes were 2 plus and Achilles 0. X-rays showed an L4 to sacrum fusion attempt with very little bone graft and the fusion status was unclear.

The 01/23/08 CT showed more lucency surrounding the fusion at L4-5 that had changed since 2006 and went on to note that clearly the L4 and L5 facets were not fused. There was no lucency at L5-S1 and no change since 2006. The spinal canal and neural foramina were well maintained. On the 01/29/08 return to Dr. the studies were reviewed and exploration L4-5 and L5-S1 with fusion of L4-5 was recommended. This has been denied on peer review based on a lack of conservative treatment. Dr. feels that conservative treatment in the presence of nonunion will not be beneficial.

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

This is a dispute resolution on the efficacy of undertaking exploration of L4-L5 and L5-S1 fusion with revision fusion noted. After a careful review of all medical records, the Reviewer does not think it is reasonable and appropriate to undertake such a procedure at this time in spite of the CT scan findings in a xx-year-old female of a severe arthroses at the L4-L5 facets. This is not clearly defined to delineate the etiology of pain. Diagnostic facet injections certainly could be of benefit to help delineate if this indeed this pseudarthroses is causing this patient's discomfort and problems. There has been no psychosocial evaluation and assessment to rule out any confounding factors and this patient is already status post major spinal surgery with L4-L5 L5-S1 laminectomy, discectomy and posterior lateral fusion and removal of hardware.

There has been no clear pain generator identified. This is a post surgical patient times two with a history of smoking and evidence of pseudarthroses of the facet joints at a single level. The Reviewer does not think there is an indication to proceed with such a large surgery until pain generators have been further delineated and identified as well as other psychosocial factors have been ruled out.

Official Disability Guidelines Treatment in Worker's Comp 2008, Low Back

The therapeutic objective of spinal fusion surgery for patients with low back problems is to prevent any movement in the intervertebral spaces between the fused vertebrae, thereby reducing pain and any neurological deficits.

4) Revision Surgery for failed previous operation(s) if significant functional gains are anticipated. Revision surgery for purposes of pain relief must be approached with extreme caution due to the less than 50% success rate reported in medical literature

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)