



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 05/15/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar laminectomy, discectomy, and fusion at L4-L5

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

Board Certified in Orthopedic Surgery

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.

Lumbar laminectomy, discectomy, and fusion at L4-L5 - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An evaluation with, D.O. dated 12/07/06

X-rays of the right foot, ankle, tibia/fibula, femur, and lumbosacral spine interpreted by Dr. dated 12/07/06

DWC-73 forms from Dr. dated 12/07/06 and 12/20/06

Evaluations with Dr. (no credentials were listed) dated 12/11/06, 12/15/06, 12/29/06, 02/20/07, and 08/22/07

DWC-73 forms from Dr. dated 12/11/06, 12/15/06, 12/29/06, and 02/20/07

An MRI of the right ankle interpreted by, M.D. dated 12/13/06

Evaluations with, D.O. dated 12/20/06 and 01/29/07

A DWC-73 form from Dr. dated 01/29/07

A physical therapy evaluation with, P.T. dated 03/02/07

Physical therapy with Ms. dated 03/02/07, 03/06/07, 03/09/07, and 03/13/07

An evaluation with Dr. (no credentials were listed) dated 04/18/07

A DWC-73 form with Dr. dated 04/18/07

A prescription from an unknown provider (the signature was illegible) dated 04/25/07

Notes from, M.D. dated 05/01/07, 05/22/07, and 06/07/07

Evaluations with Dr. dated 05/02/07, 05/23/07, 05/25/07, 06/08/07, 06/25/07, 07/18/07, 07/25/07, 08/01/07, 08/22/07, 09/07/07, 09/24/07, 09/28/07, 10/01/07, 10/17/07, 10/31/07, 11/16/07, 11/30/07, 12/14/07, 12/18/07, 12/28/07, 01/11/08, 01/25/08, 01/30/08, 02/29/08, 03/21/08, 03/28/08, 04/11/08, 04/14/08, and 04/25/08

X-rays of the lumbosacral spine and pelvis interpreted by Dr. dated 05/02/07

DWC-73 forms with Dr. dated 05/02/07, 05/23/07, 06/08/07, 06/26/07, 07/25/07, 08/01/07, 08/22/07, 09/07/07, 09/24/07, 10/17/07, 10/31/07, 11/16/07, 11/30/07, 12/14/07, 12/28/07, 01/11/08, 01/25/08, 02/29/08, 03/28/08, 04/11/08, and 04/25/08

An MRI report of the lumbar spine interpreted by, M.D. dated 05/11/07 and the MRI on CD

Patient health history updates from Dr. dated 05/23/07, 06/08/07, 06/25/07, 07/25/07, 08/01/07, 08/22/07, 09/07/07, 09/24/07, 10/17/07, 10/31/07, 11/16/07, 11/30/07, 12/14/07, 12/28/07, 01/11/08, 01/25/08, 02/29/08, 03/28/08, 04/11/08, and 04/25/08

Physical therapy prescriptions from Dr. dated 05/23/07 and 08/03/07

Preauthorization requests from Dr. dated 06/19/07, 09/25/07, 11/05/07, 12/14/07, 12/28/07, 02/15/08, 02/25/08, and 03/21/08

A letter of medical necessity, according to an unknown source, from dated 06/21/07

Referral forms from Dr. dated 06/21/07, 07/13/07, and 02/25/08

Psychological evaluations with , Ph.D. dated 07/10/07 and 03/14/08

Individual therapy with Dr. dated 07/26/07, 08/01/07, 08/08/07, and 08/29/07

A facsimile report from Dr. dated 08/30/07

Medication records dated 08/31/07, 11/01/07, 12/28/07, 01/16/08, 02/12/08, 02/29/08, 03/13/08, 03/26/08, and 04/16/08

An evaluation with Dr. (no credentials were listed) dated 09/07/07

A DWC-73 form from Dr. dated 09/07/07

An evaluation with, M.D. dated 09/13/07

A letter of non-certification, according to the ODG, from, M.D. dated 09/26/07
An appeal letter from, Office Manager for Dr., dated 10/11/07
Letters of non-certification, according to the ODG, from, M.D. dated 10/17/07 and 03/31/08
Prescriptions from Dr. dated 10/31/07, 12/11/07, and 01/25/08
Refill requests from Dr. dated 10/31/07, 12/28/07, 01/15/08, 02/12/08, 03/12/08, 03/26/08, and 04/16/08
A letter of approval from dated 12/17/07
Epidural steroid injections (ESIs) with Dr. dated 12/18/07 and 01/03/08
Health insurance claim forms from Dr. dated 01/03/08
A letter of non-certification, according to the ODG, from, M.D. dated 02/22/08
A letter of approval, according to the ODG, from Dr. dated 02/26/08
A letter to the patient from TDI dated 03/07/08
A Designated Doctor Evaluation with, M.D. dated 04/04/08
A Notice of Assignment of IRO from dated 04/25/08
A letter from Ms. dated 04/29/08
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

An MRI of the right ankle interpreted by Dr. on xx/xx/xx revealed multiple fractures and tears and marked soft tissue and subcutaneous edema. On 12/15/06, Dr. recommended Vicodin, Ultram ER, and an orthopedic evaluation. Physical therapy was performed with Ms. on 03/02/07, 03/06/07, 03/09/07, and 03/13/07. On 04/18/07, Dr. recommended Naproxen and Ultram. On 05/02/07, Dr. recommended an MRI of the lumbar spine. X-rays of the lumbosacral spine and pelvis interpreted by Dr. on 05/02/07 were essentially unremarkable. An MRI of the lumbar spine interpreted by Dr. on 05/11/07 revealed disc bulging and a probable tear at L4-L5 and mild bilateral neural foraminal narrowing at L4-L5 and L5-S1. On 06/08/07, Dr. recommended psychosocial screening and lumbar spine surgery. On 07/10/07, Dr. recommended delaying the lumbar surgery. Individual therapy was performed with Dr. on 07/26/07, 08/01/07, 08/08/07, and 08/29/07. On 08/29/07, Dr. performed a Toradol injection and prescribed Lortab, Elavil, and Naproxen. On 09/07/07, Dr. again recommended lumbar spine surgery. On 09/13/07, Dr. agreed with the recommendation for surgery. On 09/25/07, Dr. provided a preauthorization request for the surgery. On 09/26/07, Dr. wrote a letter of non-certification for the surgery. On 10/17/07 and 03/31/08, Dr. wrote letters of non-certification for the surgery. ESIs were performed by Dr. on 12/18/07 and 01/03/08. On 02/22/08, Dr. wrote a letter of non-certification for lumbar surgery. On 02/26/08, Dr. wrote a letter of non-certification for a presurgical evaluation. On 02/29/08, Dr. again requested lumbar spine surgery and prescribed Methocarbamol and Propoxyn. On 03/14/08, Dr. now felt the patient had a good prognosis for a surgical outcome. On 03/28/08 and 04/14/08, Dr. continued to recommend lumbar surgery. On 04/04/08, Dr. felt the patient was not at Maximum Medical Improvement (MMI).

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

According to the ODG criteria, which are cited with ACOEM, the patient is not a good candidate for discectomy and fusion. First, the mechanism of injury, as stated in these records, is more consistent with a lumbar contusion. The active objective injury also included an ankle fracture, which has long since healed. The patient also has evidence of depression. Although his psychologist has been treating him for sometime, his depressive symptoms are unchanged. His pain levels are unchanged, despite increasing levels of function and ability, suggesting a mismatch between the patient's psychological state and his physiologic state. Further, his weight has increased almost 60 pounds, making it unlikely that he would be a successful candidate for an interbody or posterior lumbar fusion.

The patient does not have disc space instability as claimed by the treating physician; he has static degenerative changes with a disc bulge and an annular tear. This is not instability. The pain generator has not adequately been defined as required by the ODG. The patient has significant psychiatric/psychological symptoms, which would again make it unlikely for him to improve significantly with a surgical procedure. He does not have an appropriate diagnosis, i.e. instability, spondylolisthesis, or fracture. Therefore, according to the ODG criteria, he is not a candidate for laminectomy, discectomy, and fusion at L4-L5 and the previous adverse determinations are upheld.

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 AND KNOWLEDGE BASE
- 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

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

X 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)