



514 N. Locust
Denton, TX. 76201
Off: (940) 239.9049
Fax: (940) 239.0562

Notice of Independent Review Decision

DATE OF REVIEW: 5/21/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

360 L4-5, Discectomy L2-3, Spinal Surgery with three day hospital stay

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.

360 L4-5, L2-3 Discectomy, Spinal surgery – Overturned
3 Day Hospital Stay – Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Procedure Report, D.O., 06/28/06, 08/03/06, 09/06/06, 06/20/07, 07/11/07, 08/15/07
Follow-up Note, Dr. 07/19/06, 08/16/06, 09/20/06, 06/27/07, 07/25/07, 08/29/07

Chart Note, M.D., 01/17/08, 03/03/08
MRI of the Lumbar Spine, M.D., 02/06/08
Health and Behavioral Assessment, Ed.D., 04/09/08
Preauthorization Request for Surgery, 04/11/08
Adverse Determination Letter, 04/16/08, 04/16/08
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a lumbar injury which included chronic back pain syndrome with lumbar spinal stenosis. He underwent physical therapy, work hardening and chronic pain management. Current medications include Hydrocodone, Bupropion, Wellbutrin and Darvocet.

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

The ODG (web based) indicates as a criteria for lumbar fusion, that being noted spondylolisthesis with instability, which this claimant does have at L4-L5, with positive findings of nerve involvement with the EHL weakness on the left and the rationale for the L2-L3 discectomy is that the claimant does have positive physical findings for the L3-L4 nerve, which is at the L2-L3 level dysfunction in that there is a significant hypesthesia, according to Dr. 's report. The ODG criteria for spinal fusion includes psychological evaluation, which this claimant had, failure of conservative treatment, in which this claimant has had work hardening and multidisciplinary pain management, along with physical therapy, and has failed epidural steroid injection (ESI). The claimant does have positive MRI findings for spinal pathology to correlate with the physical findings. Therefore, I feel the requested surgical procedure and three day hospital stay is in line with ODG Guidelines (web based, Thirteenth Edition).

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)