



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: November 21, 2008

IRO Case #:

Description of the services in dispute:

Preauthorization – Lumbar L5–S1 fusion with bone graft posterior iliac crest.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is a fellow of the American Board of Orthopaedic Surgery. This reviewer is a fellow of the North American Spine Society and the American Academy of Orthopaedic Surgeons. This reviewer has been in active practice since 1990.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

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.

Medical necessity does not exist for the requested Lumbar L5–S1 fusion with bone graft posterior iliac crest.

Information provided to the IRO for review

Records Received From The State:

Notice of case assignment, 11/10/08, 2 pages

Fax from 11/10/08, 1 page

Confirmation of receipt of request for a review by an IRO, 11/10/08, 8 pages

History and physical, 9/4/08, 3 pages

Patient notes, 10/1/08, 3 pages

Records Received From The Provider:

Fax from 8/29/08, 1 page

MRI report, 3/4/08, 1 page
Evaluation report, 7/30/08, 2 pages
Evaluation report, 6/2/08, 1 page
Evaluation report, 4/14/08, 6 pages
Evaluation report, 3/11/08, 2 pages
Denial letter, 10/1/08, 3 pages
Fax from 9/25/08, 1 page
Evaluation report, 9/8/08, 3 pages
Denial letter, 9/4/08, 3 pages

Patient clinical history [summary]

The patient is a female whose date of injury is xx/xx/xx. The patient reportedly sustained an injury to the low back while working . MRI of the lumbar spine dated 03/04/08 indicates the patient has minimal internal derangement at L1-2, L2-3, and possible left L5 spondylolysis. Clinic note dated 07/30/08 indicates that the patient underwent isolated injection L5-S1 on the right in the area of "pseudoarthrosis." Notes indicate the patient underwent CT scan that showed "pseudoarthrosis or false joint" at L5-S1 on the right only. The patient was recommended for injection of the area. Outcome of this injection is not submitted.

The initial request for lumbar fusion dated 09/04/08 was reported to lack documentation to include CT myelogram, and notes that the patient had a pars defect at L5 without evidence of instability. There was reportedly no evidence of flexion extension films submitted. Determination was to not approve on 09/04/08 by Dr. secondary to a lack of clinical documentation.

The denial letter dated 10/01/08 from Dr. indicates there is no evidence of motion segment instability or progressive neurologic deficit and no documentation of psychological screening, and as such the request was not approved.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

This reviewer is in agreement with the previous reviewers, in that there is insufficient clinical information to include flexion/extension films that establish evidence of instability at the requested operative level. It is further noted that the request does not include a preoperative psychiatric evaluation, as required by the Official Disability Guidelines.

A description and the source of the screening criteria or other clinical basis used to make the decision:

Official Disability Guidelines Work Loss Data Institute