RyCo MedReview
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Notice of Independent Review Decision

DATE OF REVIEW: 11/17/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L5-S1 lateral fusion with post segmental instrumentation and 3-day inpatient 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.

L5-S1 lateral fusion with post segmental instrumentation and 3-day inpatient stay - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MRI of the lumbar spine, , M.D., 10/29/03
- Examination Evaluation, M.D., 12/02/03
- Examination Evaluation, , M.D., 08/09/04, 09/20/04, 10/22/04, 01/26/05, 02/23/05, 03/23/05, 04/26/05, 05/09/05, 06/06/05, 07/11/05, 07/25/05, 08/08/05,

09/26/05, 11/28/05, 02/13/06, 05/15/06, 06/26/06, 07/26/06, 09/01/06, 09/18/06, 10/18/06, 01/22/07, 03/15/07, 04/09/07, 05/09/07, 07/16/07, 09/12/07, 10/17/07, 03/12/08, 04/02/08, 05/28/08, 06/20/08, 07/18/08, 08/11/08, 09/03/08, 09/29/08, 10/20/08

- Lumbar Spine Evaluation, Dr. 09/20/04
- DWC-73, Dr. , 01/26/05
- Operative Report, Bilateral L4-5 laminotomy and foraminotomy/L-5 Gill laminectomy and bilateral foraminotomy, Dr. , 04/26/05
- Discharge/Transfer Summary, 05/12/05
- Prescriptions, Dr. , 10/10/06, 07/16/07, 09/12/07, 01/09/08, 01/23/08, 04/02/08, 05/18/08, 06/20/08, 07/18/08, 09/03/08
- Letter regarding prescription medications, , 11/05/07
- MRI of the lumbar spine, MRI Central, 12/14/07
- Report of Behavioral Health Assessment, , Ph.D., 02/08/08
- Examination Evaluation, , M.D., 02/15/08
- Letters regarding Adverse Determination, 08/13/08, 08/14/08, 10/15/08, 10/22/08
- DWC-73, Dr. (no date)
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient sustained an injury in xxxx when he fell into a ditch and twisted his hips, injuring his lower back. He has undergone multiple MRI's and three epidural steroid injections have also been administered. His most recent medications include Hydrocodone, Zanaflex, Ambien, Paxil, and Duragesic patches.

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

Under the patient selection criteria for lumbar spine fusion in the ODG, there are several recommendations that must be followed. First, all pain generators must be clearly identified. The request for this surgery is L5-S1. However, there are varying notes within this chart that indicate that the pathology is located at L4-5, L5-S1, or at both levels. This indecision is not compatible with the decision for surgical intervention. The MRIs do not indicate significant pathology at L5-S1. There is no objective measurement of the degree of instability at L4-5.

Most significant, however, is that the psychosocial screen that was appropriately performed in February of 2008 indicates that this is a patient for whom surgical intervention would most likely be unsuccessful. This patient has a capacity towards symptom magnification and his MMPI-II profile was invalid. Based on the medical documentation, the patient appears to be suffering from a major depressive disorder and there is no indication that this has been treated.
Surgical intervention, either a one level or even two-level fusion, is neither reasonable nor necessary as the prognosis for successful surgical intervention in this claimant is minimal.

Criteria utilized: The ODG, as well as various articles published in the scientific literature regarding the results of fusion surgery.

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)**