

I-Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: NOVEMBER 21, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L2-3 extreme lateral interbody fusion L5-S1, anterior lumbar interbody fusion, posterior spinal fusion instrumentation L2-S1 possible hardware removal

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

MD, 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)

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.

The reviewer finds that medical necessity does not exist for L2-3 extreme lateral interbody fusion L5-S1, anterior lumbar interbody fusion, posterior spinal fusion instrumentation L2-S1 possible hardware removal.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 9/17/08, 9/17/08, 8/26/08

ODG Guidelines and Treatment Guidelines

Letter from Patient, 10/8/08

Patient Data Sheet, 7/21/08

, MD, 7/21/08

, MD, 7/31/08, 10/28/08

Nuclear Test Result, 9/11/08
Pre-op Evaluation, 9/9/08
, MD, 9/4/08, 9/20/07
Insurance Coordinator Note, 8/20/08
X-Ray, 8/4/08, 8/7/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx-year-old injured female worker who was injured on xx/xx/xx. She complained of back pain, difficulty sleeping, and reduction in enjoyable lifestyle. She has had total knee replacement. She has lost 30 pounds, possibly due to a Lap Band surgery, but this is not quite clear. She has undergone previous surgeries in the past between 2000 and 2006. The ultimate procedure was an L2/L3, L3/L4, and L4/L5 posterior fusion. There is no evidence in the medical record whether or not this is solidly fused. However, there is no mention of pseudoarthrosis. Studies have shown that the patient has degeneration at L2/L3 and L5/S1. Dr. , a spinal surgeon, referred her to Dr. for operative intervention. There is some kyphosis at L2/L3, and no evident instability other than mild retrolisthesis. The neurological examination is grossly entirely intact with no evidence of cauda equina, bowel or bladder complaints, or numbness, tingling, or weakness. However, the patient has written a letter stating that indeed she does have some urinary dysfunction, which from what we can determine, has not been investigated in the medical record. There is severe disc narrowing at L2/L3 with sclerotic changes. There is multilevel posterior facet arthropathy. The current request is for L2-3 extreme lateral interbody fusion L5-S1, anterior lumbar interbody fusion, posterior spinal fusion instrumentation L2-S1 possible hardware removal.

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

It is not clear from the medical records provided that the pain generator has been identified in this patient. Whether both the L2/L3 and the L5/S1 levels are implicated cannot be divined from the information provided for review. The record does not contain clear information concerning the L1/L2 level nor the T12/L1 level. Based on the absolute complete absence of neurological deficits, lack of documentation of instability, and the lack of documentation of either the L2/L3 or L5/S1 being a pain generator, the patient does not meet ODG guidelines for the requested surgery, and the medical records do not provide any reasons why the reviewer should diverge from the ODG guidelines in this particular case. The reviewer finds that medical necessity does not exist for L2-3 extreme lateral interbody fusion L5-S1, anterior lumbar interbody fusion, posterior spinal fusion instrumentation L2-S1 possible hardware removal.

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)