



DATE OF REVIEW: October 7, 2008

IRO Case #:

Description of the services in dispute:

Denied for Medical Necessity. Items in dispute: inpatient lumbar surgery, revision lumbar spine surgery, hardware removal, discectomy L3-4, L4-5, L5-S1; arthrodesis with cages, posterior instrumentation, and implantation of a bone growth stimulator (EBI) L5-S1 only.

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

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer completed a fellowship in Pediatric Orthopaedic Surgery. This reviewer is a member of the American Academy of Orthopaedic Surgeons and the Pediatric Orthopaedic Society of North America. This reviewer has been in active practice since 2000.

Review Outcome

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

Upheld

The procedure is not medically necessary, based on the documentation submitted for review. The patient's complaints are not strongly consistent with acute, identifiable radiculopathy or spinal instability. The physical findings are subjectively suggestive of radiculopathy or chronic post-operative/iatrogenic nerve injury. Dr. notes either refer to studies that were done and not submitted for review, or were not actually done. The patient is a worker's compensation patient who has already failed multiple spine procedures by the same provider now requesting reimbursement for additional procedures. There is no documentation of failure of adequate conservative measures. There is no clearly identifiable lesion warranting surgery on the objective study submitted for review.

Patient clinical history [summary]

The patient is xx year old male who is xx years status post work injury to his back, 2 years and 7 months status post L4-5 anterior/posterior spine decompression and fusion by Dr. 2 years status post L4-5 pseudoarthrosis revision spine fusion and symptomatic hardware removal by Dr. , and 2 months status post re-referral back to Dr. for increased back and leg pain is now indicated by Dr. for revision examination under anesthesia, revision multi-level lumbar decompression, revision microdissection technique, revision discography under anesthesia, revision hardware removal, revision instrumented arthrodesis, additional level

instrumented arthrodesis x 2, revision bone graft, revision bone stimulator application, and reduction of subluxation. Dr. documents bilateral reflex deficits, ungraded motor weakness, and S1 paresthesias. Dr. discusses a contrast MRI showing herniated disks in his clinical note dated 26 August 2008, but this study is not included in the review materials. There is no documentation of conservative treatment. The patient apparently has utilized the services of approximately 30–40 providers and 4 pharmacies for his healthcare problems, presumably related to his back. The case has previously been reviewed and non-certified by two different independent reviewers.

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

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

ODG Indications for Surgery -- Discectomy/laminectomy

Patient Selection Criteria for Lumbar Spinal Fusion

ODG, Low Back, fusion (spinal)

ODG, Low Back, Discectomy/ laminectomy

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