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Notice of Independent Review Decision

DATE OF REVIEW: 10/22/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Inpatient L4-L5 and L5-S1 transforaminal lumbar interbody fusion and posterior spinal fusion with spinal monitoring and a five day length of 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.

Inpatient L4-L5 and L5-S1 transforaminal lumbar interbody fusion and posterior spinal fusion with spinal monitoring and a five day length of stay - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An MRI of the lumbar spine interpreted by D.C. dated 02/21/06
An EMG/NCV study interpreted by M.D. dated 09/26/06
A lumbar discogram interpreted by D.O. dated 01/05/07
A post discogram CT scan interpreted by M.D. dated 01/05/07
An evaluation with Dr. dated 10/11/07
Evaluations with M.D. dated 11/26/07, 01/14/08, 06/23/08,
A letter of non-certification, according to the ODG, from M.D. dated 09/04/08
A letter of non-certification, according to the ODG, from M.D. dated 09/24/08
A letter from Insurance Company dated 10/08/08
The ODG Guidelines were provided by the carrier/URA

PATIENT CLINICAL HISTORY

A lumbar MRI interpreted by Dr. on 02/21/06 revealed mild osteochondrosis with a disc protrusion at L4-L5 and a small disc bulge at L3-L4. An EMG/NCV study interpreted by Dr. on 09/26/06 showed possible spinal stenosis with nerve root impingement at L5 and S1 bilaterally. A lumbar discogram interpreted by Dr. on 01/05/07 showed concordant pain at L4-L5 and L5-S1. A post discogram CT scan interpreted by Dr. on 01/05/07 showed grade IV tears involving L3-L4 and L4-L5. On 01/14/08, Dr. changed Darvocet to Hydrocodone and Lyrica to Neurontin. Lumbar surgery was also requested. On 06/23/08, Dr. continued to request lumbar surgery. On 09/04/08, Dr. wrote a letter of non-certification for the lumbar surgery. On 09/24/08, Dr. also wrote a letter of non-certification for the lumbar surgery. On 10/08/08, also wrote a letter of denial for the lumbar surgery.

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

There are few indications for fusion of mechanical lower back pain. Discography has been proven to be extremely unreliable in predicting the success of fusion for certain individuals. Dr. has shown that the best predictive capabilities of discography in his hands is just over 50% and the most optimistic study (one in which a single level total disc replacement was performed) had a predicted value of slightly under 70%. In patients with secondary gain issues, such as workers' compensation or narcotic dependence, discography is very unreliable. The predicted value of a discogram in this type of individual is less than 50%.

The patient's mechanism of injury is not discussed by the treating physician. However, it has been shown in the medical literature that low energy injuries do not usually create a lumbar syndrome, except in individuals with psychological abnormalities or those seeking workers' compensation. Therefore, it is unlikely that this patient's lower back pain, over two years from the injury, is mechanically based secondary to a low energy injury.

The physical examination has been within normal limits, according to any of the detailed examination. With all due respect to Dr. there is no physical evidence of a radiculopathy. The ODG does require that if surgery is going to be performed for radiculopathy, there must be a physical signs or symptoms such as reflex loss, sensory loss, or motor loss that is documented. This chart is very clear that those are not available.

It is furthermore very clear that this patient has some behavioral issues. He was discharged by several of his physicians. An independent psychological evaluation might reveal significant symptom magnification or secondary/tertiary gain issues.

Based on the ODG criteria, this patient is not a candidate for a spinal fusion secondary to mechanical lower back pain. Therefore, the requested inpatient L4-L5 and L5-S1 transforaminal lumbar interbody fusion and posterior spinal fusion with spinal monitoring and a five day length of stay is neither reasonable nor necessary.

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 AND KNOWLEDGE BASE
- 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)**