

# Independent Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

**DATE OF REVIEW:** October 25, 2008

**IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of inpatient length of stay three days for lumbar fusion, anterior lumbar interbody fusion with interbody fixation at L6-S1 with Gill laminectomy, decompression, transverse process fusion L5/S1 and pedicle screw fixation L6/S1 with cross brace

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

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)

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Office notes, Dr., 12/18/07, 02/25/08

Office note, Dr., 03/24/08

Office note, Dr., 07/28/08

Letter, Dr., 10/03/08

Operative report, 02/06/08

MRI lumbar, 10/17/06

CT lumbar, 03/0/508

Behavioral Assessment, 08/08/08

Positive Health Management report, 05/21/07

Peer Review, 08/20/08, 09/03/08

Letter from Attorney, 10/13/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This female claimant reportedly had a history of low back and leg pain after lifting a heavy box on xx/xx/xx. The records indicated that the claimant treated conservatively with therapy, medications and injections with no sustained improvement. A surgical consultation performed on 07/28/08 note the claimant with ongoing constant back pain, left lower extremity pain and bilateral hip pain. A lumbar CT performed on 03/05/08 reviewed by the physician noted the presence of spondylolytic spondylolisthesis of L5 on S1 contributing to bilateral foraminal stenosis and impingement of the exiting L5 nerve roots bilaterally. Flexion / extension lumbar films taken on 07/28/08 revealed mobile slip at L5- S1 with marked narrowing of the interspace. The claimant was diagnosed with lumbar radicular syndrome, symptomatic instability at L6 and S1 and bilateral spondylolysis L6 with spondylolisthesis . The physician recommended a lumbar fusion L6- S1. A preoperative behavior assessment performed on 08/08/08 noted the claimant with having some depression but determined that there was not any significant psychological issues that would prevent the claimant from being a surgical candidate.

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

Anterior lumbar interbody fusion with interbody fixation at L6-S1 with Gill laminectomy, decompression, transverse process fusion L5/S1 and pedicle screw fixation L6/S1 with cross brace is not reasonable and appropriate based on a careful review of all medical records. There is a note from Dr. office on 07/20/08 that radiographs demonstrate a slip on L5-S1 that goes from a grade I to a grade II with marked narrowing of the interspace. There is no significant change in interspace which in reality is L6 to S1. This clarifies the discrepancy between the radiologist and the surgeon. The claimant has had conservative care including Tylenol ES, facet injections, piriformis injection. He has had a psychiatric evaluation without confounding factors. It is unclear what medicines and conservative treatment have been performed to determine if conservative care has been exhausted. The length of stay would be appropriate but conservative measures need to be further documented which is not demonstrated within the medical records for review.

Milliman Care Guidelines . Inpatient and Surgical Care 12<sup>th</sup> Edition.

Lumbar Fusion: Goal Length of Stay: 3 days postoperative

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Low Back. Fusion.

**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)**