

I-Decisions, Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 25, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Anterior Lumbar Interbody Fusion @ L5/S1, 5 Day LOS

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 exists for Anterior Lumbar Interbody Fusion @ L5/S1, 5 Day LOS.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 8/12/08, 9/2/08
ODG Guidelines and Treatment Guidelines

MD, 8/21/08, 8/6/08, 8/7/08, 7/16/08, 5/16/08, 2/22/08, 1/23/08, 1/16/08, 12/5/07, 11/2/07, 10/12/07, 9/20/07, 8/16/07, 7/23/07, 6/28/07, 1/23/06, 12/12/05, 11/11/05, 11/4/05, 10/24/05, 10/21/05, 9/27/05, 9/23/05, 9/2/05, 8/12/05, 6/29/05, 5/18/05, 4/29/05, 3/16/05

CT Lumbar Spine Post Myelogram, 7/13/07

MRI Right Shoulder, 7/13/07

Myelogram Lumbar Spine, 7/13/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is an injured worker with a diagnosis of status post lumbar interbody fusion at L5/S1 on xx/xx/xx with increasing low back pain and radicular symptoms. He has now been recommended for an anterior interbody fusion with post instrumentation originally required. The medical records substantiate that he has bone reabsorption around the screws, reabsorption of the bone graft and pseudoarthrosis.

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

Based upon the medical records, this patient has the predictable outcome of having had an overly aggressive decompression posteriorly. The records show that he now has instability posteriorly due to his excision of the disc and failed interbody fusion as well as posterior instability due to loosening of the hardware and reabsorption around the S1 screws. Hence, the records show that he not only has pseudoarthrosis but also has documented instability based upon the clinical picture, surgical history, and the x-ray findings concerning the S1 screws.

It is for this reason that the previous adverse determination is overturned. In the face of this patient's pseudoarthrosis and screw loosening, an anterior interbody fusion is considered to be medically necessary. Given the current status, this patient meets the ODG Guidelines and is a candidate at this time for revision and anterior stabilization.

The reviewer finds that medical necessity exists for Anterior Lumbar Interbody Fusion @ L5/S1, 5 Day LOS.

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)