SENT VIA EMAIL OR FAX ON
Apr/03/2009

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/03/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Hardware removal L4/5, Lumbar decompression L3/4, L4/5, L5/S1, insertion transpedicular hardware L3/4 with posterolateral fusion, posterior interbody fusion L3/4 spacer, iliac crest bonewith a 3 to 4 night inpatient stay

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:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
MRI lumbar, 02/25/08 2-25-08
Venous Doppler, 04/30/08 4-30-08
Office notes, Dr., 05/08/08, 01/08/09, 01/29/09, 02/04/09, 02/19/09
Office note, Dr., 09/22/08
CT myelogram, 01/22/09
Denial, 02/10/09, 02/17/09

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a xx year-old female who reported a cumulative trauma injury to her low back on xx/xx/xx. She underwent L4-5 fusion in September of 2003 and reported relief of her low back and bilateral lower extremity pain for almost three years. The claimant has a history of

smoking, depression and rheumatoid arthritis. MRI evaluation of the lumbar spine on 02/25/08 noted L3-4 advanced spondylosis with posterior osteophytes, posterior disc protrusion, diffuse canal stenosis and bilateral foraminal stenosis; L4-5 postoperative changes with slightly enhanced epidural scar; and L5-S1 posterior disc protrusion with enhancement and extruded migrating disc. The claimant was noted to treat with long term use of Valium, Soma, Vicodin, Lyrica, Ambien and Duragesic. Epidural steroid injections were noted to only offer temporary relief. Physical examination demonstrated limited lumbar motion with positive bilateral straight leg raises. Radiographs on 05/08/08 noted L3-4 severe degenerative disc disease with grade I slip; L4-5 solid fusion with no hardware loosening; and L5-S1 mild to moderate narrowing. Dynamic imaging on 05/08/08 indicated no instability of a slip at L4-5 as well as no evidence of interbody fusion. The claimant reportedly was not considered a surgical candidate due to the complexity of the procedure required and she treated with multiple pain management physicians. She was evaluated for a multidisciplinary pain program on 09/22/08 with notation she has had questionable instability at L4-5 since 2005; dynamic imaging noted one centimeter of anterolisthesis at L4-5 with reduction to five millimeters in extension and flexion; CT evaluation in 2006 noted incomplete fusion mass in the transverse process of L4-5; imaging in 2008 noted L4-5 listhesis with facet arthropathy, L5-S1 protrusion with extrusion causing marked canal stenosis and L3-4 vacuum disc with three to four millimeter disc protrusion. The evaluation on 09/22/08 indicated the claimant did not have a significant psychiatric history, but did have a pain disorder. CT/myelogram evaluation on 01/22/09 noted L4-5 minimal posterolaterals bone with apparent facet fusion, recurrent spinal stenosis and anterolisthesis; L3-4 severe degenerative changes with complete myelographic block and facet hypertrophy; and L5-S1 canal narrowing with retrolisthesis and possible superior extruded disc herniation. Dr. indicated on 02/04/09 the claimant had lower extremity numbness, tingling and weakness that severely limited her function; had dynamic spondylolisthesis at L3-4; and had some neurologic compression at L5-S1. Dr. has recommended removal of the hardware at L4-5, decompression of the spinal canal from L3 to S1 and instrumented fusion at L3-4.

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

Removal of hardware at L4-5, decompression L3 through S1 and posterior lateral fusion L3-4 is not indicated and appropriate.

There are conflicting reports within the medical records. Dr. notes a multiple disciplinary pain program, significant instability, whereas Dr. notes no significant instability and conservative measures to be exhausted first and foremost. Each realizes the complexity.

Based on the information provided, the surgery cannot be approved as there are several extenuating factors within the records which make it difficult to identify the exact pain generator and would question the efficacy of treatment as it is requested.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates; Low Back- Fusion

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates; Low Back- Discectomy/ Laminectomy

Milliman Care Guidelines, Thirteenth Edition; Lumbar- Fusion

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[ ] ACOEM-AMERICA 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[X] MILLIMAN CARE GUIDELINES

[X] 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)