

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/21/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Removal of hardware, explore fusion L5-S1, Lami L4-5, TGIF L4-5 on left; 22851, 22840, 22630, 22852, 22612, 63030, 63056, 22852-59.

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 3/11/09, 3/30/09

Dr. MD, 4/1/09, 2/6/09, 8/29/08, 6/20/08

Radiology Report, 2/24/09, 4/26/08, 4/2/08

Letter from Patient, 3/24/09

Short Stay Summary, 10/7/08

Operative Report, 10/7/08, 7/1/08,

MRI, 5/27/08

MD, 1/7/09, 11/3/08, 6/6/08, 5/20/08, 3/12/09, 7/14/08, 8/20/08, 10/2/08

PhD, 2/23/09

Internal Medicine, 5/7/08, 4/2/08, 3/2/09

Diagnostics, 1/22/09

Maximum Medical Improvement Assessment, 2/13/09

Case Summary Report, 3/11/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male with an injury on xx-xx-xx. He had previous back surgery, which was apparently a fusion in 2004, and now has a new injury. He is greater than xx months since that injury and has had physical therapy, nonsteroidal anti-inflammatory medication, and two epidural steroid type injections with temporary relief. He has had a psychological evaluation, which cleared him for surgery. He had an MRI scan, which shows a small disc at L4/L5 and

disc space collapse. He is said to have positive straight leg raising on the left. His leg pain is 3/10 to 5/10. He uses Cymbalta, Ultram, Vicodin, Lyrica, and Ambien as mentioned in the record. Current request is for exploration at the L4/L5 level and removal of hardware and instrumentation and fusion at the L4/L5 level.

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

The medical records do not provide information required to satisfy the Official Disability Guidelines and Treatment Guidelines. The reviewer was unable to locate flexion/extension views documenting instability at L4/L5 nor could we find evidence of a discogram or postdiscographic CT scan having been performed. Based upon the medical records provided, this patient does not document instability or other criteria that could be used to satisfy the ODG Guidelines. Furthermore, the pain generator has not been adequately identified and discogram has not been performed. While the patient has had psychological clearance and sufficient nonoperative care, he does not fall into the ODG criteria for post laminectomy or degenerative changes meriting fusion. The medical records do not provide the necessary criteria for this reviewer to set aside the statutory mandated ODG Guidelines. Furthermore, this provider was not provided information and the explanation of why in this particular case the Guidelines should be set aside and an independent decision taken. For this reason, the previous Adverse Determination could not be overturned. The reviewer finds that medical necessity does not exist for Removal of hardware, explore fusion L5-S1, Lami L4-5, TGIF L4-5 on left; 22851, 22840, 22630, 22852, 22612, 63030, 63056, 22852-59.

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

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)