

I-Resolutions Inc.

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/12/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar laminectomy and discectomy, transforaminal posterior lumbar interbody fusion with pedicle screw at L4-5 (63047, 22612, 22842) with two day length of stay.

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

M.D., 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

ODG Guidelines and Treatment Guidelines

MRI lumbar spine, 5/22/08, 02/12/09

Office notes, Dr., 10/16/08, 01/30/09, 03/27/09

Operative report, Dr., 01/08/09

Pre-surgical psychological evaluation, 05/22/09

Request for surgery, Undated

Adverse Determination Letters, 06/24/09, 07/23/09

Office note, Dr., 07/21/09

PATIENT CLINICAL HISTORY SUMMARY

This is a xx-year-old male with complaints of back pain. The MRI of the lumbar spine from xx/xx/xx showed no disc pathology at L1-2, L2-3, or L3-4 with patency of the neural foramina at these levels. At L4-5, there are endplate degenerative changes, posterolateral osteophytes and a 2.5 millimeter lateralizing disc protrusion extending the neural foramina with at least moderate neural foraminal narrowing bilaterally, slightly greater on the left when combined

with facet hypertrophy. There is no central spinal canal stenosis or herniation at this level. The L5-S1 level is normal with widely patent neural foramina. The MRI of the lumbar spine from 02/12/09 showed degenerative spondylosis at L4-5 with moderate inferior exit foraminal encroachment in conjunction with posterior element hypertrophy. No focal herniation or central stenosis was noted. Milder spondylosis at T12-L1 without compromise of the canal or neural foramina was reported. Several hemangiomas and endplate degenerative signal changes were present. Endplate changes were at T11-12, T12-L1, L3-4 and greatest at L4-5. On 03/27/09, Dr. noted that the neuro exam was intact. The 05/22/09 psychological evaluation deemed the claimant appropriate for surgery.

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

The requested L4-5 laminectomy, discectomy, transforaminal lumbar interbody fusion (TLIF) and pedicle screws with two-day LOS is not medically necessary based on review of this medical record.

This claimant is a xx year old man with a 15 month history of back and leg complaints. He has undergone MRI testing documenting degenerative disc changes at L4-5, but there is no documentation of a neurologic deficit or structural instability. The medical records describe low back stiffness with limited motion, but there is no documentation in the medical record of aggressive conservative care to include epidural steroid injections. The claimant smokes and has not undergone flexion/extension views showing structural instability.

ODG guidelines document the use of lumbar spine fusion in patients who have structural instability, revision disc surgery, infection or tumor, none of which appear to be present in this case. There are recent studies in the orthopedic literature questioning the efficacy of fusion surgery in patients with degenerative disc disease and back pain. Therefore, the requested surgical intervention is not medically necessary as it does not meet the guidelines. The reviewer finds that medical necessity does not exist for Lumbar laminectomy and discectomy, transforaminal posterior lumbar interbody fusion with pedicle screw at L4-5 (63047, 22612, 22842) with two day length of stay.

Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, chapter low back, laminectomy

- Lumbar Laminectomy/discectomy

ODG Indications for Surgery| -- Discectomy/laminectomy –Radiculopathy, weakness/atrophy, EMG optional, Imaging for correlation with radicular findings. Activity modification of 2 months and at least one of the following; NSAIDs, analgesic, muscle relaxants, ESI. Must have one of the following PT, chiro. Psychological screening, back school. Diagnostic imaging modalities, requiring ONE of the following: MR imaging, CT scanning , Myelography CT myelography & X-Ray

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)