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Notice of Independent Review Decision

DATE OF REVIEW: 11/29/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Anterior Lumbar Interbody Fusion at L5/S1 With a Two Day Length of Stay

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1.

PATIENT CLINICAL HISTORY (SUMMARY):

This employee was examined by Dr. at xxx xxx on for his complaints of continued low back pain. The history at that time included physical therapy, which worsened his symptoms and functional rehabilitation, which also worsened his symptoms. He had epidural steroid injections, which gave him temporary relief. Examination reported he could toe and heel walk without difficulty. Reflexes, strength, and sensation were symmetrical in the bilateral lower extremities. He had positive straight leg raising with back pain and no radiation. The doctor referred to an MRI that showed disc desiccation at L5-S1 and some collapse at the L5-S1 disc space. There was retrolisthesis seen at the L5-S1 segment and a small central herniation as well. The x-ray performed on that date at Back Institute reported spondylolisthesis of Grade I present at L5-S1. This employee smoked cigarettes at an unknown level.

The employee had a psychological evaluation and reported depression.

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

Official Disability Guidelines recommend arthrodesis for patients who have demonstrated a lack of response to conservative care over a six month period. Recommendations also include objective findings of segmental instability at the affected vertebral levels. This employee has several items that disqualify him for consideration of arthrodesis.

1. He is a cigarette smoker
2. He has depression, and even the psychotherapist evaluator said he had a fair prognosis with surgery.
3. The most important criteria that he does not meet is segmental instability.

This request is non-certified for lack of indications.

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

1. **Official Disability Guidelines**