

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Feb/25/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

L4-5, L5-S1 ALIF with posterior pedicle screw stabilization with CPT Codes 22558, 22585, 22612, 22842, 22614, 22851 x2, 63047, 63030, 20902, 63090, 63091, 77002, 20938, 63048 and 3 Day LOS

**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, 12/17/08, 1/6/08

MD, 10/22/08, 8/12/08, 7/14/08, 6/27/08, 11/2/07, 10/18/07, 9/27/07, 9/17/07, 8/10/07, 7/20/07, 3/20/08, 12/31/08,

CT Lumbar Spine, 4/6/05

Discogram, 4/6/06

MD, 2/18/08

Psychological Evaluation, 9/6/08

**PATIENT CLINICAL HISTORY SUMMARY**

This is A xx-year-old worker who injured his back while performing duties as a xxxx. He had low back pain after his xx hit a pothole and jostled him back and forth. He has had various conservative care including invasive pain management, psychological counseling, and an IDET procedure. He has also had physical therapy as well as medications. He had a discogram in October showing internal derangement at L4/L5 and L5/S1 with concordant pain only at L4/L5. He had plain radiographs that showed instability at L4/L5 and L5/S1 with 5 mm

of rotation at L4/L5 and 8 mm of motion at L5/S1. Current request is for lumbar stabilization procedure, anterior/posterior, at L4/L5 and L5/S1.

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

This patient has undergone psychological counseling, and it appears he is a surgical candidate. He is a nonsmoker. He has had extensive conservative care, having exhausted all possible nonoperative management. While he only had discogenic pain reproduction at L4/L5 and L5/S1, the medical records indicate that he has significant instability at both L4/L5 and L5/S1 with 5 mm and 8 mm of motion respectively. It is due to the instability at these two target levels that this reviewer finds that medical necessity as per the ODG Guidelines has been satisfied, and the previous adverse determination has been overturned. The reviewer finds that medical necessity exists for L4-5, L5-S1 ALIF with posterior pedicle screw stabilization with CPT Codes 22558, 22585, 22612, 22842, 22614, 22851 x2, 63047, 63030, 20902, 63090, 63091, 77002, 20938, 63048 and 3 Day LOS.

**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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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