

## **I-Resolutions Inc.**

*An Independent Review Organization*

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### Notice of Independent Review Decision

**DATE OF REVIEW: FEBRUARY 5, 2009**

**IRO CASE #:**

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

Bil. Laminectomy medial facetectomy foraminotomy L2/3, L3/4, L5/S1 with 1 Day LOS

### **A 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity does not exist for Bil. Laminectomy medial facetectomy foraminotomy L2/3, L3/4, L5/S1 with 1 Day LOS.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 11/18/08, 12/1/08  
ODG Guidelines and Treatment Guidelines  
MD, 11/11/08, 2/22/08, 10/9/07, 9/25/07, 9/21/06, 10/17/06  
Spine Lumbar Myelogram and Post CT Scan, 11/3/08  
MD, 5/7/08, 4/30/08

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a claimant with a date of injury back in xxxx. He has had multiple surgeries in the past including 1983, 1986, 1993, and 1996. He had a diagnosis of failed back syndrome. In 1999 he underwent a lumbar fusion with a bone growth stimulator, which was his sixth surgical procedure. He has been recently reinvestigated with an EMG/nerve conduction study in May 2008 where there was indication of some radiculopathy. He has had a myelogram and post-myelogram CT scan in November 2008, which noted the fusion and noted some hypertrophic facet changes at multiple levels and some mild neural foraminal and central canal stenosis. Physical examination does not reveal any myelopathic changes. Reflexes are said to be symmetric and normal. Muscle tone and bulk are normal with no evidence of any gait abnormalities.

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

The medical records do not substantiate the need for yet another spinal surgery in this individual who has already undergone multiple surgeries. He does not meet the ODG criteria as noted by a previous reviewer, and the requesting surgeon has not explained why the exception to the ODG criteria should be allowed in this instance. It is for this reason that the previous adverse determination has been upheld, as the medical records do not substantiate the medical necessity for the surgery, notwithstanding the abnormalities on the imaging studies due to the fact that the neurological findings are not supportive of yet another surgical intervention. The reviewer finds that medical necessity does not exist for Bil. Laminectomy medial facetectomy foraminotomy L2/3, L3/4, L5/S1 with 1 Day LOS.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- AHCP- 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)**