

SENT VIA EMAIL OR FAX ON
Jul/07/2009

IRO Express Inc.

An Independent Review Organization

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DATE OF REVIEW:

Jul/06/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Spine Fusion; Removal of Spinal Lamina; Insert Spine Fixation DE; Spinal Bone Allograft; Removal of Vertebral BOD; Lumbar Spine Fusion; Apply Spine Prosth. Device, **Non-Emergency inpatient, and low back disc surgery**

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

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

OD Guidelines

Peer Reviews, 05/21/09, 05/27/09, 05/21/09

Office notes, Dr. 10/28/08, 11/25/08, 12/23/08, 01/27/09, 02/11/09, 03/24/09, 05/05/09, 06/01/09, 07/01/09

Dr. evaluation, 02/09/09

Office notes, Dr. 01/23/07, 07/05/07, 10/04/07, 11/08/07

Office notes, Dr., 03/27/07, 04/19/07, 05/03/07, 11/15/07, 12/13/07, 06/12/08, 08/26/08

X-ray lumbar spine, 10/04/07, 10/28/08

MRI lumbar spine, 12/14/06, 10/11/07, 11/03/08

CT lumbar, 12/11/07

Procedure, 12/11/08

DEXA bone scan, 01/02/09

Discogram, 04/28/09

Patient referral form

PATIENT CLINICAL HISTORY SUMMARY

This is a female with a reported history of low back pain. The records indicated that the claimant was status post L5- S1 discectomy in 1989 with a history of low back pain in 2006 after rolling some doors at work. A lumbar MRI done in November 2008 showed diffuse degenerative facet changes and post laminectomy changes left L5- S1. X-rays showed no instability and moderate to severe narrowing at L5-S1. Physician records of 2008 noted the claimant with low back pain and right leg pain. Examinations revealed diffuse paraspinal

tenderness. Conservative care included a lumbar facet injection with not much relief. The claimant was diagnosed with low back pain with right leg pain, status post lumbar laminectomy 1989 with probable facet syndrome L4-5 and L5- S1.

The treating physician determined that the claimant would be candidate for a disc replacement. A physician record of 03/24/09 noted the claimant with left leg pain. A lumbar discogram dated 04/28/09 showed posterior fissuring and leaking at L5- S1 with pain, mild pain at L4-5 and no pain at L3-4. A 05/05/09 physician record revealed the claimant with continued and significant low back pain and bilateral leg pain. There was paraspinal tenderness on examination. A lumbar fusion at two levels was recommended. A previous psychological evaluation dated 02/09/09 noted the claimant clear to proceed with potential spine surgery.

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

The requested two level fusion cannot be justified based on a careful review of all medical records. The discogram from 04/28/09 indicated only mild pain, which was felt to be discordant at the L4-5 level. The claimant was noted to have severe concordant pain at L5-S1. It is unclear why the treating physician has requested fusion at both the L4-5 and L5-S1 levels. For this reason the requested surgery cannot be justified based on the information provided for review.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates, Low Back : Fusion : Patient Selection Criteria for Lumbar Spinal Fusion:

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)