



DATE OF REVIEW: 06/27/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Inpatient anterior and posterior 360-degree fusion, decompression and instrumentation at L4/L5, L5/S1

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the patient who has suffered spine problems

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who was involved in a motor vehicle accident on xx-xx-xx. The car that he was driving was struck by an 18-wheeler on the side. The patient did not lose consciousness. He suffered a combination of cervical and lumbar pain. He has been extensively evaluated by a number of physicians. He has undergone at least two EMG/nerve conduction studies as well as MRI scans of both the cervical and lumbar spines. The EMG/nerve conduction studies suggested C7 radiculopathy on the right and L5 radiculopathy on the right. There is no documented instability, and physical findings are limited. Most recently he has received a recommendation for a 360-degree decompression lumbar fusion from L4 through S1. This recommendation was considered and denied. A reconsideration was performed, confirming the validity of the denial.

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

There is no documentation of instability which would require lumbar fusion. The findings suggestive of radiculopathy are primarily electrodiagnostic. The physical findings confirming radiculopathy are limited. At this time the patient does not meet criteria established for the performance of lumbar fusion as published in the ODG 2009 Low Back Chapter.

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

(Check any of the following that were used in the course of your review.)

- ACOEM-American 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, 2009, Low Back Chapter, Fusion passage
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)