

Becket Systems

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (512) 553-0533
Fax: (207) 470-1075
Email: manager@becketystems.com

DATE OF REVIEW:

Jun/24/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient SX: lami/fusion @L4-5 and L5-S1 w/LOS 5 days (CPT 22612, 63047, 22614, 63048, 38220, 22851, 22845, 20930)

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
Determination Letters, 4/30/09, 5/15/09
MD, 4/3/09, 2/26/09, 2/18/09, 2/17/09
Thoracic and Lumbar myelogram, 3/30/09
CT Lumbar Spine w/contrast, 3/30/09
CT Thoracic Spine w/contrast, 3/30/09
Progress Notes, 2008
MRI of the Lumbosacral spine, 12/4/08
MRI of the Thoracic Spine, 12/4/08

PATIENT CLINICAL HISTORY SUMMARY

This is a male who was injured on xx-xx-xx when he fell into a ten-foot ditch. He has some evidence of neural impingement at L4/L5. It is reported that he has mild degenerative changes with mild central and neural foraminal stenosis. He has multilevel disc bulging throughout the cervical, thoracic, and lumbar spine, indicative of multilevel diffuse degenerative changes. He has had therapy. He is in excess of 330 pounds. He is diabetic. Current request is for two-level fusion.

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

This gentleman does not fulfill the ODG criteria for fusion for the following reasons: First, he would not be considered a carefully selected patient given his multilevel degenerative changes and rather feeble objective findings on imaging studies. Second, his pain generators have not been clearly identified. Third, there was no evidence of psychological evaluation as a preoperative evaluation to his suitability for fusion. Fourth, there is no evidence or even suggestion of instability within these medical records. Finally, it is not clear from the records that non-operative modalities have been completed. It is for these reasons that the previous adverse determination cannot be overturned. The records provided do not support the medical necessity for fusion. The ODG criteria for fusion is not met. The reviewer finds that medical necessity does not exist for Inpatient SX: lami/fusion @L4-5 and L5-S1 w/LOS 5 days (CPT 22612, 63047, 22614, 63048, 38220, 22851, 22845, 20930).

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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