

Clear Resolutions Inc.

An Independent Review Organization
7301 RANCH RD 620 N, STE 155-199A
Austin, TX 78726

Phone: (512) 772-4390

Fax: (512) 519-7316

Email: resolutions.manager@cri-iro.com

DATE OF REVIEW:

Jun/08/2009

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Inpatient lumbar surgery; exam under anesth Laminectomy-disectomy-cages=implant bone growth stim-L3-4 L4-5 L5-S1 (22899, 63030, 63035, 69990, 62290, 22612, 22614, 99220, 22851, 20938, 22842, 22558, 22585, 20975, 63685, 22325, 22328, 99221) 2 days in pt.

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, 5/6/09, 5/15/09

Surgery Codes

MD, 2/10/09, 4/14/09

Presurgical Screening, 4/24/09

MRI Lumbar Spine, 1/19/09

Lower Extremity Nerve Testing, 3/9/09

MD, 4/15/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male who sustained a work-related injury on xx-xx-xx when he fell, injuring his neck, right arm, and low back. Records indicate he has had extensive conservative care. He has an MRI scan, which shows disc bulges at L3/L4, L4/L5, and L5/S1. Notwithstanding documentation of instability and spondylolisthesis, there was no mention of such on the MRI report. His neurological examination is apparently intact. There was not find a discogram or post discographic CT scan available for review in the records. There was a psychological assessment. The patient is a smoker but has apparently agreed to quit smoking. Current request is for three level fusion.

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

This request does not meet the criteria of the ODG Official Disability and Treatment Guidelines for a number of reasons. First, the patient is a smoker but apparently will stop smoking prior to the surgery. Second, the patient does not have any documented evidence of instability as defined by the AMA Guidelines. Third, the patient has three-level disc disease, according to the treating physician, and this request exceeds the two levels recommended in ODG. Finally, the patient has not had all of the pain generators identified, as the records do not indicate he has undergone any testing such as a provocative discography. It is for these reasons that he does not meet the criteria set by the ODG Official Disability and Treatment Guidelines. The reviewer finds that medical necessity does not exist for Inpatient lumbar surgery; exam under anesth laminectomy-disectomy-cages=implant bone growth stim-L3-4 L4-5 L5-S1 (22899, 63030, 63035, 69990, 62290, 22612, 22614, 99220, 22851, 20938, 22842, 22558, 22585, 20975, 63685, 22325, 22328, 99221) 2 days in pt.

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)