

C-IRO Inc.

An Independent Review Organization
7301 RANCH RD 620 N, STE 155-199B
Austin, TX 78726
Phone: (512) 772-4390
Fax: (512) 519-7098
Email: resolutions.manager@ciro-site.com

DATE OF REVIEW:

Jun/24/2009

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

Two day inpatient stay for anterior lumbar interbody fusion at L4-S1, posterior lumbar decompression with posterolateral fusion & pedicle screw instrumentation at L4/5 & L5/S1

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

MD, Board Certified Orthopedic Surgeon
Spine 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

ODG Guidelines and Treatment Guidelines
Determination Letters, 4/17/09, 5/12/09, 2/20/09, 4/11/08
Response, 6/8/09
, 4/14/09, 5/5/09, 12/21/07, 7/21/08, 4/13/09
MRI Lumbar Spine, 7/2/07
Lumbar Spine, Five Views, 10/27/08
Lumbar Spine, Nine Views, 3/12/09
Pain Associates, 12/30/07
MD, 8/18/07, 10/18/07
, DC, 11/19/07
, MD, 1/8/08
MD, 5/7/08
Dr. MD, 5/30/08, 9/26/08, 10/24/08, 11/7/08

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who was injured on xx-xx-xx. She was mopping and lifting a bucket of water when she felt a sharp pain in her low back. She had medications, therapy, and an epidural steroid injection. She was placed at maximum medical improvement on 10/09/07. She has had an orthopedic evaluation, which showed a normal neurological evaluation and some restriction in range of motion. An MRI scan of the lumbar spine revealed some very mild degenerative changes at L4/L5 and L5/S1 with only mild facet arthropathy and mild central neural foraminal stenosis. There is no evidence of nerve root compression. We were

unable to locate a preoperative psychological screening within the medical records and unable to locate any documentation of instability from flexion/extension views within the medical records. There was not a discogram noted within the medical records. Current request is for two-level simultaneously combined anterior and posterior fusion.

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

This patient does not fall within the ODG Guideline criteria for a lumbar fusion. The pain generators have not been adequately identified as per the guidelines. She does not have significant findings of degenerative change on her imaging studies with associated instability. Instability has not been documented. She has not had a preoperative psychological screening. It is for these reasons that she does not fit into the category of the well-selected patient and does not fulfill the ODG Guidelines criteria for lumbar fusion. It is for these reasons that this reviewer was unable to overturn the previous adverse determination. The reviewer finds that medical necessity does not exist for two-day inpatient stay for anterior lumbar interbody fusion at L4-S1, posterior lumbar decompression with posterolateral fusion & pedicle screw instrumentation at L4/5 & L5/S1.

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)