

Core 400 LLC

An Independent Review Organization
240 Commercial Street, Suite D
Nevada City, CA 95959
Phone: (530) 554-4970
Fax: (530) 687-8368
Email: manager@core400.com

DATE OF REVIEW:

Jun/08/2009

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

Inpatient lumbar L5-S1 laminectomy with discectomy and fusion and pedicle screws surgery with three day length of stay.

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, 3/30/09, 4/22/09
Letter from Law Firm, 5/26/09
MD, 5/11/09, 3/2/09, 2/2/09
Lumbar Spine MRI, 1/13/09
Chiropractic, 4/14/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female injured worker who presents with neck and low back pain radiating to the left lower extremity. While working, she was involved in a motor vehicle accident. She swerved to avoid a deer and the car hit a tree. She has severe back and leg pain according to the records. An MRI (1/13/09) revealed grade 1 spondylolisthesis L5/S1 with foraminal encroachment. It is stated that there is compression of the L5 roots at the neural foramen, although while these findings are bilateral, her complaints are unilateral. The patient is a non-smoker. In a note dated 2/2/09, the physician wrote that he wished to treat the patient conservatively: "The patient was referred for physical therapy and started on anti-inflammatory medicines." In a note dated 3/2/09, the provider wrote that the patient had "failed conservative therapy" and recommended surgery. This surgery was denied twice by reviewing physicians. In a letter dated May 2009, the requesting provider explains "the patient needs a lumbar fusion because she already has a grade 1 spondylolisthesis and will develop instability once the L5 nerve roots are decompressed in the neural foramen with facetectomies. A flexion/extension x-ray would not be helpful preoperatively because the instability will not develop until the facet is removed intraoperatively." The current request is

for decompression and fusion with instrumentation.

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

This patient does not satisfy the ODG Guidelines for several reasons. First, the preoperative psychological screening has not been performed. Second, instability criteria are not met. Third, all pain generators have not been identified. There were no records available for review demonstrating that the L5/S1 level is, indeed, the pain generator for this patient. The request does not meet the guidelines. The provider has not given a valid reason why the ODG should be set aside in this particular patient's case. The reviewer finds that medical necessity does not exist for Inpatient lumbar L5-S1 laminectomy with discectomy and fusion and pedicle screws surgery with three-day length of stay.

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)