

I-Decisions Inc.

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (207) 338-1141
Fax: (866) 676-7547
Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/20/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Posterior Spinal Fusion L2/3, L3/4 with iliac crest bone graft and instrumentation with 1 day IP LOS

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

MD, Board Certified Orthopedic 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

Adverse Determination Letters, 10/7/08, 10/28/08

MD, 11/26/08, 10/15/08, 10/1/08, 8/27/08, 7/14/08, 5/9/08, 3/3/08, 12/5/07, 9/9/08, 4/23/08

Lumbar Discogram, Three Levels, 9/24/08

MRI of the Lumbar Spine, 6/8/06, 5/7/08

MD, 5/21/08

Psychiatric Diagnostic Interview and Testing, 3/28/08

PATIENT CLINICAL HISTORY SUMMARY

This is a female who has undergone previous L2/L3 lumbar discectomy, which apparently gave her some relief. She has medical records that are consistent with incontinence, origin unknown. She has bilateral lumbar lower extremity radiating pain. She has severe disc collapse at L2/L3 on the MRI scan with IPSI level facet arthropathy and fusion. L1/L2 above the target level has significant desiccation. L3/L4 below the L2/L3 previously operated segment shows disc desiccation and facet arthropathy of a lesser degree and similarly at L4/L5. She has had conservative care. There is criticism in the record of failure to utilize an epidural steroid. The patient underwent a discogram at L2/L3, L3/L4, and L4/L5, which failed to also evaluate the L1/L2 level. The L2/L3 and L3/L4 levels were positive apparently with

severe extravasation of contrast in low pressure levels but concordant pain reproduction. The L4/L5 discs failed to reproduce pain, but as on the MRI scan, the discogram showed significant destruction of the morphology with compromise and an annular tear with extravasation of the contrast. The L1/L2 disc was not studied, but also is noted to show a lot of signal intensity. A degenerative cascade is described by Dr. and others.

There is retrolisthesis at L2 and L3, but there is no evidence of instability as flexion/extension views apparently, at least according to the records, have not shown any anterior/posterior subluxation, rotation, translation, etc. She has undergone a psychiatric evaluation, which indicates some significant depression and does not specifically clear her for surgery. She is also on a panoply of narcotics and other medications. There are various red flags including various symptoms such as bubbles in her thighs, etc., which are found throughout the medical records, which the records indicate are somatic-type manifestations without any medical explanation. The current request is for surgery at L2/L3 and L3/L4. The records indicate she may have other inflammatory-type rheumatologic conditions and other conditions that have not been gone into depth in the medical record provided for this review.

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

Based upon the ODG Guidelines, surgery for this patient with degenerative cascade of multiple levels of pathology, of which only three were studied on discogram, would not fit within ODG Guidelines. She does not have any documented degenerative instability. While she does have retrolisthesis at L2/L3, there was no evidence of motion on flexion/extension of any sort. As far as the number of levels, the records indicate that L1/L2 is also an abnormal level as is L4/L5, though not positive on discography at the L4/L5 level, at least. She has a plethora of complaints that have not been explained within the medical records including incontinence, using Depends, radiating leg pain below the knee, etc. She also has documentation involving psychiatric issues and the use of medications which are, while not actually a contraindication, certainly a concern. The reviewer does not believe, based on the medical records and the ODG Guidelines, that this patient is considered a "well-selected" patient for spinal fusion. The reviewer finds that medical necessity does not exist for Posterior Spinal Fusion L2/3, L3/4 with iliac crest bone graft and instrumentation with 1 day IP LOS.

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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