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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/19/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ALIF, discectomy, screw fixation, LOS X 2 days (22558, 64999, 22851, TLSO L0637)

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

Adverse Determination Letters, 2/3/09, 2/26/09
Request for Preauthorization, 1/29/09
MD, 1/14/09, 12/11/08, 4/28/08, 11/14/07, 10/17/07,
MRI of Lumbar Spine, 12/29/08, 11/6/07, 2/28/06
Lumbar Spine, 5 views, 10/11/07
Psychological Re-Evaluation, 1/16/08
Pain Associates, 8/9/07
ODG-TWC, Low Back - Lumbar & Thoracic

PATIENT CLINICAL HISTORY SUMMARY

This is a male who injured his back on xx/xx/xx while lifting heavy pipe . He apparently was treated conservatively over several years. He has had physical therapy and activity modifications. He has had several epidural steroid injections in the lumbar area. He has had three MRI scans. He continues with back pain, which is reported to be on average 6/10 to 7/10. He has undergone three MRI scans, and he has had x-rays. From the medical records diagnosed, he has had discogenic pain syndrome secondary to an L4/L5 disc. He has a broad-based disc bulge at L4/L5 seen on his MRI scan. He has facet arthropathy noted by the radiologist with spondylosis at L2/L3 through L5/S1. In 2007 he was documented with positive Waddell's signs, yet he has been cleared by psychological evaluation in January

2008. He did have an EMG/nerve conduction study that shows subacute right L4 radiculopathy. Plain bone films again report showing some mild lumbar spondylosis at L4/L5 and L5/S1. No abnormal motion or instability has been documented as far as we can determine from the medical records. As mentioned, the most recent MRI scan from December 2008 shows the disc bulge at L4/L5 and facet arthropathy at L2/L3 through L5/S1 with the most prominent level being at L4/L5. He has not had a discogram or post discographic CT scan, and there has been no evidence of the L4/L5 being documented as his pain generator.

He does have objective findings of restricted range of motion on physical examination, but apparently an equivocal physical examination with positive straight leg raising on the left and some decreased sensation effecting the thigh and all five toes. Current request is for anterior interbody fusion with anterior lumbar fixation using retroperitoneal technique following up with a postoperative thoracolumbar orthosis.

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

Based upon the medical records provided read in conjunction with the ODG Guidelines, indications for fusion in a patient with degenerative disc disease would be in the carefully selected patient who has well documented pain generator with instability or with infection or tumor. In this case, the physician has not documented instability within the records, and the pain generator has not been documented through discography. Furthermore, the patient has multiple levels of degenerative change. The physician has not explained in his medical records why the ODG Guidelines should be set aside in this particular instance and how this patient conforms to ODG criteria. While he certainly has had appropriate psychological screening, based upon the medical records, he does not meet the diagnostic criteria for the fusion based on the information provided. The reviewer finds that medical necessity does not exist for ALIF, discectomy, screw fixation, LOS X 2 days (22558, 64999, 22851, TL50 L0637).

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)