

I-Decisions Inc.

An Independent Review Organization
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DATE OF REVIEW:

Mar/27/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Decompression and fusion L3-S1 with bone graft and instrumentation

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

Determination Letters, 2/11/09, 1/28/09
ODG Guidelines and Treatment Guidelines
MD, 2/2/09, 1/12/09, 10/27/08, 10/15/08, 10/2/08, 11/12/07,
MMT/ROM, 1/12/09, 11/3/08, 10/2/08, 11/12/07
CT Scan of the Lumbar Spine w/o contrast post discography, 7/1/08
Electrodiagnostic Evaluation, 12/17/07
MRI of the Lumbar Spine, 10/29/07
MRI of the Right Knee, 10/29/07
Operative Report, 7/1/08
Activity Notes, 1/28/09-3/9/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female and was injured in a slip-and-fall injury, injuring her spine. She underwent various investigations including MRI scan with provocative discography with post CT scan. She has had extensive films performed. The MRI scan and discography reveal that she had discogenic pain reproduction at L3/L4, L4/L5, and L5/S1 with concordant pain reproduction but no pain at L2/L3. Flexion/extension films reviewed by the surgeon reveal that there was no evidence of instability. She lacks any evidence of radiculopathy. She has had a psychological evaluation in which she stated she understood she was having a decompression. The MRI scan revealed some neural foraminal stenosis at L3/L4, L4/L5 and L5/S1. No specific herniation was reported. The CT scan post discography showed an L2/L3 protrusion of 2 mm, a 3-mm protrusion at L4/L5, and a leakage of dye and contrast at L5/S1 without intrusion, indicative of annular tears at L4/L5 and L5/S1. Apparently annular tear was not found at L3/L4. Current request is for two-level lumbar fusion for discogenic pain syndrome in the absence of instability.

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

The Official Disability Guidelines and Treatment Guidelines recommend up to two-level fusion in the degenerative case with evidence of instability. In this case there are three levels targeted for fusion with no documented evidence of instability. The treating surgeon and other providers have not given this reviewer any explanation as to why the Official Disability Guidelines should be set aside in this particular instance and the surgery approved. It is for this reason that the medical necessity for this procedure cannot be substantiated. The reviewer finds that medical necessity does not exist for Decompression and fusion L3-S1 with bone graft and instrumentation.

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)