

SENT VIA EMAIL OR FAX ON
Mar/04/2009

Applied Resolutions LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/03/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Arthrodesis, anterior interbody technique, including minimal descectomy to prepare interspace (other than for decompression); lumbar

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a xx year-old female with a date of injury xx/xx/xx while lifting heavy

packages. She has mostly low back pain with some bilateral leg pain, as well. She has had ESI's and PT. Her neurological examination is normal. Plain films of the lumbar spine 09/19/2008 reveal preserved vertebral heights and disc spaces. Alignment is normal. An MRI of the lumbar spine 02/01/2008 reveals broad-based disc bulging at L3-L4 with facet hypertrophy and some disc dessication. At L4-L5 there is a broad-based disc bulge with slight compression of the nerve root at the exit. There is early spinal stenosis and foraminal stenosis bilaterally due to facet hypertrophy and disc dessication. At L5-S1 there is bulging of the disc with compression of left exiting nerve root. There is early spinal stenosis and foraminal stenosis. There is also facet hypertrophy and disc dessication at this level. On 12/16/2008 she underwent a psychological evaluation. Although it was noted that there were minimal psychological issues present, it was felt that she would be a good surgical candidate. She smokes one pack of cigarettes per day, and has been recommended to cease smoking.

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

The L5-S1 fusion is not medically necessary. According to the ODG, prior to a lumbar fusion, all pain generators should be identified and treated. It is not clear that L5-S1 is the sole pain generator, based on the submitted documentation. Disc dessication and facet hypertrophy are seen at L3-L4, L4-L5, and L5-S1. All three levels could be pain generators, based on the submitted documentation. Therefore, the surgery is not medically necessary.

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)