

Core 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/14/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Rt posterior L4-S1 laminectomy fusion; Rt L4-S1 transforaminal interbody fusion, 2 day LOS

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

M.D., Board Certified in Orthopedic Surgery
Spine 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

Adverse Determination Letters, 2/5/09, 1/29/09

DC, 1/30/09, 1/23/09

ODG-TWC Low Back

PhD, 1/8/09

11/20/08

MRI Lumbar Spine, 11/5/08, 10/8/07

Dr. 12/5/07

Dr. /2/08

Dr. 11/12/07

CT Lumbar Spine, 11/8/07

Neurology, 10/2/07, 10/15/07

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who was injured on xx/xx/xx with low back pain. She has had extensive conservative care as per the Guidelines, including facet blocks, epidural steroid injection, and a set of trigger point injections. She has had bulging disc and annular tears noted at L4/L5 and L5/S1. The EMG/nerve conduction study showed no evidence of radiculopathy. She had concordant pain at L4/L5 and L5/S1 on a discogram with normal control level. There is no evidence of any stenosis or neurological deficit. The previous reviewer denied this request based on lack of instability. The current request is for Rt posterior L4-S1 laminectomy fusion; Rt L4-S1 transforaminal interbody fusion, 2 day LOS.

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

The ODG Guidelines are based upon studies that have indicated that the outcome for patients undergoing fusion is far favorable in those who have instability. None of the physicians involved in this patient's care have indicated why the ODG Guidelines and Treatment Guidelines should be ignored and a fusion performed in a patient without evidence of instability. The treating physician in this case has not explained in the records why the ODG Guidelines should be set aside. The reviewer is unable to set aside the previous adverse determinations. The reviewer finds that medical necessity does not exist for Rt posterior L4-S1 laminectomy fusion; Rt L4-S1 transforaminal interbody fusion, 2 day 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)