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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/18/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
PLIF @ L4-L5/posterior decompression @ L5-S1/2-3 Day LOS

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D. Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Guidelines
Peer Reviews 02/13/09, 02/27/09
Dr. office note 09/03/08, 02/06/09
Dr. office note 12/18/08
Procedure 10/02/08
Lumbar myelogram and CT, 3/18/07
MRI lumbar spine 10/17/08
X-ray lumbar spine flexion and extension 01/20/09
Request for surgery 02/10/09
Attorney letter 03/06/09

PATIENT CLINICAL HISTORY SUMMARY
This is a female claimant who reportedly sustained a slip and fall injury in xx/xxxx which resulted in immediate low back pain. The records indicated that the claimant underwent a L5- S1 anterior–posterior fusion in July 2003 with no relief followed by a trial and implantation of a spinal cord simulator with good relief until a battery malfunction and removal in June 2007. A physician record dated 09/03/08 revealed the claimant with constant low back pain and bilateral lower extremity pain. The claimant was diagnosed with chronic lumbar radiculopathy, failed surgery syndrome and symptomatic facet arthropathy above the fused level L5- S1. A lumbar epidural steroid injection L3-4 was performed on 10/02/08. A lumbar MRI done on 10/17/08 showed mild degenerative disc disease L4-5 with lateral recess stenosis on the right at L4-5. There were post-operative changes present at L5- S1 with

evidence of laminectomy. A psychological evaluation followed on 12/18/08 that noted the claimant would make a good surgical candidate.

Lumbar spine flexion and extension x-rays were performed on 01/20/09 that showed a L5- S1 fusion without evidence for hardware loosening or failure. A physician record dated 02/06/09 noted that facet blocks were done L3-4 and L4-5 that reduced the pain for several days and then returned to baseline. It was also noted that the claimant did not receive any benefit from therapy and chiropractic treatment. According to the record, the treating physician felt that the claimant was a candidate for a posterior lumbar interbody fusion L4-5 and removal of facet screws and decompression at the area of L5- S1.

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

Based on review of the records provided and evidence-based medicine, the reviewer cannot recommend the proposed surgery as medically indicated and necessary at this time.

There is no documentation on the MRI or CT scan that there is neural foraminal narrowing at L5-S1. Thus, it is unclear the reason to remove hardware at L5-S1 and to re augment that fusion. Otherwise, it appears from the records that the claimant would be a good candidate for surgery at L4-5, as the pain generators have been identified, physical therapy interventions have been completed, x-rays show spinal instability, limited to one level, and psychosocial screening has been addressed. However, it is unclear if the claimant has had smoking cessation addressed as a preoperative discussion.

Based on the above issues, the reviewer finds that medical necessity does not exist for PLIF @ L4-L5/posterior decompression @ L5-S1/2-3 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)