

DATE OF REVIEW: 05/10/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar fusion at L3/L4 and bilateral decompression at L4/L5 with a two-day length of stay

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
724.4			Pros.				xx-xx-xx		Overturn

INFORMATION PROVIDED FOR REVIEW:

- Case assignment
- Letters of denial, 03/13/09 and 04/09/09 with criteria used in denial
- Lumbar CT scan, 02/23/09, and surgeon's assessment, 02/26/09
- Surgeon's evaluation, 11/13/08
- Lumbar spine MRI scan, 06/03/05
- Operative report, lumbar laminectomy, 02/26/02

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient underwent previous L3/L4 decompression and instrumental fusion with persistent pseudoarthrosis and pain with radicular complaints. The patient failed conservative treatment, and the repeat operation was recommended with take down of the pseudoarthrosis and re-instrumentation as well as decompression at the L4/L5 level.

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

In looking closely at the two denials, the first was solely because of the lack of a psychological screening. All other clinical indications based on that reviewer were that the patient's surgery was medically necessary. The second reviewer did not agree that the surgery was necessary and denied the surgery because the patient did not, according to him, have instability, a tumor, or infection.

I disagree with both the reviewers' denials in that psychological screening was performed by the orthopedic treating surgeon. There were no psychological compounding issues that would recommend any sort of formal psychological evaluation, and I believe this would be adequate for a screen. In addition, the first reviewer mentioned the patient is a candidate, and structural instability has been demonstrated. The patient

meets the criteria for lumbar decompression and fusion. The surgery and 2-day length of stay is medically reasonable and necessary.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

- ACOEM-American 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 judgment, 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 reviewed national accepted medical literature (provide a description).
 - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
-