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DATE OF REVIEW:

May/30/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

2 Day Inpatient 360 Lumbar Fusion L5-S1

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

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker. She slipped and fell, landing on her hip. She has undergone an MRI which shows that she has at L3-4 a right foraminal herniated disc/protrusion, 4 mm, exiting the course of the right L3 root at the dorsal ganglion. She has severe degenerative disc disease at the L5/S1 level and bulging of the annular margin producing moderate left and severe right intraforaminal stenosis and left intervertebral foraminal stenosis. She had a myelogram confirming essentially these findings. She has had a flexion/extension view read by Dr. where he states that she has instability but does not tell us how much. She has undergone selective nerve root sleeve blocks on the right L5 root with apparently no benefit. Current request is for 2 Day Inpatient 360 Lumbar Fusion L5-S1.

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

The ODG Official Disability and Treatment Guidelines would require, in a patient with cervical discs with multiple levels of degenerative disc disease, that the pain generator be adequately identified. The selective root nerve was previously blocked at L5 and failed to identify the pain generator. A discogram/photographic CD is not available. The criteria are not met as the AMA-mandated criteria within the ODG Guidelines have not been addressed. They require, at L5-S1, there to be a 4.5 mm translation or a 23-degree rotation instability and this is not documented within the records. Furthermore, careful psychological screening of the patient is required. In this individual's case, while there was an overall satisfactory evaluation by the psychologist, careful review of the reports reveals that there are some significant problems with this particular individual. In particular, she has had several previous suicide attempts, she has depression, she has unrealistic expectations, and a sense of entitlement that is said by the evaluator to not bode well for the outcome of any intervention. The MMPI-2-RF reveals that the scores on Scale L-R may be invalid due to a very strong tendency to deny problems or thoughts that are commonly experienced by others. The pain and entitlement relationship scale was 92, which showed that the patient has a sense of entitlement of feeling that improvement rests on complete pain relief. The patient's score by itself predicts a poor outcome for medical or surgical intervention. The patient's pain diagram furthermore showed pain patterns go outside the body of the diagram. All of these psychological features bode poorly for surgical intervention. This patient does not, therefore, satisfy the ODG Treatment Guidelines for lumbar fusion for degenerative disease, as she does not have documented instability. The pain generator has not been accurately identified. She has not passed the important parts of the psychological screening and the pain generator has not been adequately identified, and therefore, she is not what would be considered, under the Guidelines, a carefully selected patient. It is for these reasons that the previous adverse determination could not be overturned. The reviewer finds that medical necessity does not exist for 2 Day Inpatient 360 Lumbar Fusion L5-S1.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)