

US Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW:

May/04/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient Lumbar Decompression, LOS 1 Day

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

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 3/16/09, 4/1/09

Operative Note, 6/12/07

Post Myelogram CT Lumbar Spine, 5/29/08, 2/5/09

MD - Ph.D, 6/30/08

MRI Lumbar Spine with and without contrast, 12/11/08

Imaging Report, 2/4/09

Myelogram, 2/5/09

Neurosurgical Spine Associates, 3/19/09, 4/9/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male with complaints of back and right leg pain. He had two prior lumbar surgeries, one in 2007 and one in 2008. He apparently did well after each of these procedures and had very similar complaints of findings. He is now said to have stenosis, particularly at L4/L5, and an EMG positive at L5/S1. There was a note that he had conservative care such as epidural steroid injection and physical therapy without any benefit. The request is now for a third annual lumbar decompression at L4/L5 and possibly L5/S1.

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

Within the medical records provided, we did note the myelographic and MRI scan evidence of some foraminal stenosis at the L4/L5 and to a lesser degree, at the L5/S1 levels. There is a clear note from the radiologist on the MRI scan that there was no interim change in these findings from previous studies. There is also indication on the myelogram that these findings may be postsurgical changes. The EMG/nerve conduction study does not note problems

from the L4/L5 level. Unfortunately, the medical records do not contain a single physical examination with any indication of a neurological deficit. The ODG Guidelines are specific as to the neurological findings required to substantiate a decompression with or without discectomy at the target level. The pain generator has not been clearly identified. Flexion nerve root sleeve blocks have not been performed, according to the medical records, but only epidural steroid injections. The treating physician's note only states that his complaints are getting worse and did not explain how and did not explain why the ODG Guidelines, which are statutorily mandated, should be set aside in this particular case, committing a third decompressive surgery at the same level in a two-year period. It is for this reason the previous adverse determination was unable to be overturned. The reviewer finds that medical necessity does not exist for Inpatient Lumbar Decompression, LOS 1 Day.

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)