INDEPENDENT REVIEWERS OF TEXAS, INC.

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REVISED DRAFT

Notice of Independent Review Decision

DATE OF REVIEW: 11/06/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: 1-2 day inpatient stay days for L5/S1 left fusion at xxx

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

Texas Board Certified Neurosurgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Lumbar spine radiograph report dated 11/03/08
2. DWC-73 dated 11/03/08
3. Clinical note Medicine dated 11/14/08, 11/06/08
4. Initial physical therapy evaluation dated 11/17/08
5. Physical therapy progress note dated 11/21/08, 011/24/08, 11/25/08, 11/26/08, 12/01/08, and 12/03/08
6. Medicine note dated 12/02/08
7. Physical therapy progress report dated 12/17/08
8. Clinical note dated 12/19/08, 01/20/09
9. Pre-authorization determination dated 01/12/09
10. MRI of the lumbar spine report dated 02/11/09
11. Clinical note dated 02/17/09
12. Clinical note dated 03/04/09
13. Procedure report dated 04/23/09
14. Neurosurgery note dated 05/13/09
15. Neurosurgery note dated 06/08/09

16. Neurosurgery note dated 07/07/09
17. Clinical note dated 08/04/09
18. Neurosurgery note dated 08/06/09
19. Procedure report dated 08/27/09
20. Operative report dated 08/27/09
21. Neurosurgery note dated 09/09/09
22. Pre-authorization letter dated 09/21/09
23. Decision letter dated 09/24/09
24. Neurosurgery note dated 09/29/09
25. Continuation progress note dated 09/29/09
26. Neurosurgery note dated 10/05/09
27. Preauthorization letter dated 10/07/09
28. Prospective review response dated 10/26/09 from MD
29. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx. The employee was seen dating back to November, 2008.

Initial lumbar spine radiographs noted early spondylitic processes with osteophyte formation at L4-L5, L5-S1.

The employee was treated with physical therapy and narcotic analgesics. Physical examination consistently revealed moderate spasms of the paraspinal musculature. The employee underwent approximately six sessions of physical therapy at Physical Therapy. The employee continued to complain of 6-8/10 low back pain. Medications as of 12/17/08 included Flexeril and Fioricet. The employee was tried on Cox-2 inhibitor for analgesia as well as Indomenthacin.

An MRI was carried out of the lumbar spine on 02/11/09 which noted early disc desiccation at L4 and L5 compatible with mild degenerative changes only. There was no evidence of disc herniation of focal spinals stenosis.

The employee underwent neurosurgical evaluation and treatment. The employee underwent epidural steroid injections. The first injection provided one week of relief. The neurosurgery note dated 09/09/09 indicated the employee had a disc herniation at L5-S1 and was noted to have positive straight leg raise on the right and left with normal motor and intact sensation.

An initial review was carried out by Dr. and 09/24/09. Dr. indicated that the clinical notes did not provided legible documentation of specific nerve root distribution and that there was no documentation of MRI or plain film report.

A clinical note dated 10/05/09 by M.D., indicated that the employee was recommended for fusion surgery due to back pain of 80%.

A second review was carried out by MD on 10/12/09.

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

The requested 1-2 day inpatient stay days for L5/S1 left fusion at Medical Center is not supported by the clinical documentation during this review as well as prior reviews.

Official Disability Guidelines do not recommend fusion surgery for degenerative changes. Fusion surgery is indicated for trauma, instability, tumors, etc. The employee has not undergone a psychological interview, and instability is not documented within the records. Agreement is made with the prior reviewers in that the clinical documents and visits are illegible. Furthermore, MRI imaging of the lumbar spine dated 02/11/09 notes only early disc desiccation at L4 and L5 compatible with mild degenerative changes and does not present with any herniation. There was evidence of a mild annular bulge only at L5-S1; otherwise MRI imaging of the lumbar spine was normal. The employee does not appear to be an appropriate surgical candidate, and as such, the determination of denial is upheld.

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

1. ***Official Disability Guidelines***, Low Back Chapter, Online Version
2. Resnick DK, Choudhri TF, Dailey AT, Groff MW, Khoo L, Matz PG, Mummaneni P, Watters WC 3rd, Wang J, Walters BC, Hadley MN; American Association of Neurological Surgeons/Congress of Neurological Surgeons. Guidelines for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 14: brace therapy as an adjunct to or substitute for lumbar fusion. *J Neurosurg Spine*. 2005 Jun;2(6):716-24.