

# Core 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Oct/27/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Inpatient three (3) days length of stay for decompressive laminotomy L4-5 and posterior lumbar interbody fusion (PLIF) with pedicle screw fixation at 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  
Spine Surgeon

**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, 8/25/09, 9/21/09  
MD, 8/19/09, 8/5/09, 9/14/09  
Med, undated  
Initial Diagnostic Screening, 6/5/09  
6/5/09  
MRI Lumbar Spine, 8/19/09  
MRI Cervical Spine, 6/4/09  
MRI Upper Extremity Joint, 11/11/08  
MRI Thoracic Spine, 11/11/08  
MRI Lumbar Spine, 4/3/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a female injured worker who apparently was injured on xx/xx/xx while trying to avoid an automobile that ended up slamming into a door. She complained of some back pain and radiating pain into the legs. She has had epidural steroid injection as well as an EMG/nerve conduction study, which showed that she has had some EMG evidence of radiculopathy.

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

Based upon a careful review of the imaging studies, there is nothing majorly significant noted other than a small disc protrusion at L4/L5 and nondisplaced spondylolysis at L5. There is no instability noted at the L5/S1 level nor neural compression noted. The neurological examination was found to be intact. Based upon the Official Disability Guidelines and Treatment Guidelines, this patient does not meet the criteria for decompression and does not meet the criteria for fusion. The previous adverse determination cannot be overturned based upon the medical records and the ODG. The reviewer finds that medical necessity does not exist for Inpatient three (3) days length of stay for decompressive laminotomy L4-5 and posterior lumbar interbody fusion (PLIF) with pedicle screw fixation at 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)