

Becket Systems

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (512) 553-0533
Fax: (207) 470-1075
Email: manager@becketsystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4-5 decompression TLIF/3-day LOS, 63047, 22612, 22630, 22842, 20931, 20937, 22851

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, 7/28/09, 8/5/09
Carrier Submission, 8/24/09
Dr. MD, 7/1/09, 7/28/09
MRI Lumbar Spine, 2/5/07
Dr., Ph.D., Presurgical Psychological Evaluation, 7/8/09
Dr., MD, 6/10/09
12/14/06-3/3/09
Rehabilitation Excellence, 12/27/06-3/19/07
Dr., MD, 3/21/07, 4/14/09, 6/18/09
Dr., MD, 8/31/07
Medical Evaluators, 9/6/07

PATIENT CLINICAL HISTORY SUMMARY

This is a xx-year-old injured female worker who was injured in xx/xx. Records indicate she has chronic back pain with radiating leg pain. She has radicular signs and clinical exam supporting the diagnosis. She has been documented to have disc disease at L4/L5, flexion/extension views revealed instability, and she has had a previous preoperative psychological clearance. She has tried conservative measures, and all pain generators have been identified and treated. The request is for L4-5 decompression TLIF. The previous reviewer has noted that the claimant meets all ODG criteria for the procedure except for

number six, cessation of smoking.

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

The reviewer concurs with the previous reviewers that this patient meets all ODG screening criteria for lumbar fusion. The records indicate that the requesting surgeon's office informed the previous reviewer that all fusion candidates are required by Dr. to stop smoking prior to surgery. While not contained in the body of medical records, this information does indeed satisfy the final item on the ODG screening criteria for fusion for this patient. The reviewer finds that medical necessity exists for L4-5 decompression TLIF/3-day LOS, 63047, 22612, 22630, 22842, 20931, 20937, 22851.

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)