



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 4/20/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of an X-LIF of L4-5 lumbar decompression with fusion.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. This reviewer has been practicing for greater than 15 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of an X-LIF of L4-5 lumbar decompression with fusion.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
MD and Unimed Direct, LLC

These records consist of the following (duplicate records are only listed from one source): Records reviewed from, MD: Office Notes – 3/30/01-3/1/10, 3/27/07 letter, Procedure reports – 4/16/02-11/17/09; xxxxx Admission notes – 1/10/05 & 2/17/05; xxxxx, MD MRI Lumbar Spine report – 3/14/07 & 9/29/08, CT lumbar Spine report – 12/9/08;, MD MRI Lumbar Spine report – 9/24/01; and, MD MRI lumbar spine report – 7/20/92.

Records reviewed from xxxxxxx: Pre-auth intake form – 3/2/10 & 3/18/10.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured on xx/xx/xx when lifting a pallet. The patient has intermittent lumbar pain which is now worsening over the past year.

The pain is no longer responsive to ESIs. Worsening right leg pain, right lateral foot numbness, and loss of right Achilles reflex have been progressive over the last 18 months.

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

Decompression of L4-5 and L5-S1 are certainly indicated with progressive neurologic loss, but fusion for degenerative disc disease and / or HNP as variously diagnosed in the office notes is not indicated. Specifically an X-lift is not recommended by the ODG and is therefore not medically necessary.

According to the ODG, this procedure is, "Not recommended. At best, endoscopic spinal fusion should be limited to conditions outlined for open fusion above (spinal fracture, dislocation, or spondylolisthesis). Endius, Inc., Plainville, MA, produces the FDA-approved Atavi™ Atraumatic Spine Fusion System. NuVasive, San Diego, CA, offers the XLIF® procedure for lumbar fusion to overcome the obstacles of anterior and posterior fusion."

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

- ACOEM- AMERICAN 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)