

Core 400 LLC

An Independent Review Organization
209 Finn St
Lakeway, TX 78734
Phone: (530) 554-4970
Fax: (530) 687-8368
Email: manager@core400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/09/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Purchase of a Thoracic Lumbar Sacral Orthosis (TLSO); 1 Lumbar Laminectomy with Fusion and Instrumentation at the L3-L4 Level; 1 Day In-Patient Hospital Stay

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

M.D., Board Certified Orthopedic Surgeon
Board Certified Spinal 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

Adverse Determination Letters, 2/11/10, 3/11/10

M.D. 1/12/06 to 3/1/10

2/3/09

2/11/10, 3/11/10

5/16/08

ODG Fusion (Spinal)

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who had a previous history of a lumbar laminectomy, decompression, and discectomy of L4/L5 and L5/S1 with posterior instrumentation. The patient has been documented to have a disc bulge without central or lateral recess stenosis on myelography. Current request is for a lumbar fusion at L3/L4 with extension from the previously fused L4/L5 level along with brace and hospital stay.

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

The medical records do not contain an adequate neurological examination that would document any sort of myelopathy or true radiculopathy at the L3/L4 level. The medical records do not contain flexion/extension views that would be required to document instability

and hence fulfill the Official Disability Guidelines and Treatment Guidelines for lumbar fusion. Furthermore, given the patient already has one level fusion, a further level would render this a three-level fusion. The treating physician recommending this surgery has not explained why the Official Disability Guidelines and Treatment Guidelines should be set aside in this particular case. For this reason, the previous adverse determination cannot be overturned. The reviewer finds that medical necessity does not exist for 1 Purchase of a Thoracic Lumbar Sacral Orthosis (TLSO); 1 Lumbar Laminectomy with Fusion and Instrumentation at the L3-L4 Level; 1 Day In-Patient Hospital Stay.

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)