

Notice of Independent Review Decision

DATE OF REVIEW:

08/09/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

PLIF L4-5 with 3 day length of stay (CPT codes 22612, 22630, 22540, 22851, 20936, 69990, 96221).

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

Board Certified Neurological Surgeon

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The requested posterior lumbar interbody fusion (PLIF) at L4-5 with three day length of stay (CPT codes 22612, 22630, 22540, 22851, 20936, 69990, 96221) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral forms
- 07/22/10 MCMC Referral
- 07/22/10 Notice Of Assignment Of Independent Review Organization, , DWC
- 07/22/10 Notice To MCMC, LLC Of Case Assignment, , DWC
- 07/21/10 Confirmation Of Receipt Of A Request For A Review, DWC
- 07/21/10 chart note, , M.D.
- 07/20/10 Request For A Review By An Independent Review Organization
- 06/25/10, 05/30/10, 04/01/10 letters from, M.D.
- 05/17/10, 06/14/10 Review Outcome reports, Utilization Review Agent
- 05/07/10 Follow-Up Visit, , M.D.
- 04/29/10 MRI lumbar spine, Texas Health, with Addendum dated 05/07/10
- 04/15/10 Progress Summary of Group Sessions, , M.A., L.M.F.T.
- 02/19/10 Initial Diagnostic Screening, , M.A., L.M.F.T.
- 12/09/09 MRI lumbar spine, Imaging
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a female with a date of injury xx/xx/xx, when she was stacking. She complains of back and bilateral leg pain. She has undergone physical therapy. Her neurological examination reveals a



decreased left ankle jerk. An MRI of the lumbar spine dated 12/09/2009 reveals multi-level degenerative changes, the worst being at T11-T12 and L4-L5. An MRI of the lumbar spine dated 04/29/2010 shows a small herniated disc at L4-L5 centrally. There is mild narrowing of the thecal sac, with mild-to-moderate spinal stenosis and narrowing of the left neuroforamen at L4-L5. There is a small herniated disc to the right at L3-L4. She has a 45 pack-year smoking history. She reports smoking one and a half to two packs of cigarettes per day. She has undergone a psychological evaluation. The provider is recommending a PLIF at L4-L5.

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

The surgery is not medically necessary. According to the Official Disability Guidelines, "Low Back" chapter, "for any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing". This injured individual is a heavy smoker. Smoking has been shown to decrease the likelihood of achieving a successful fusion, which can lead to chronic pain and/or additional surgery. She has no instability or significant neurologic deficit, and the surgery is being done, primarily, for treatment of pain. Smoking cessation would be warranted prior to her undergoing such a procedure.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES