

C-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/28/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar decompression and fusion at L3/4 with a three or four day length of stay

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

MD, BOARD CERTIFIED ORTHOPEDIC SURGEON

BOARD CERTIFIED 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

Official Disability Guidelines

Denials, 5/24/10, 6/6/10

Orthopaedic & Sports Medicine, 5/14/10, 11/24/09, 6/17/09, 6/23/10, 4/21/10, 12/3/09,
10/30/09, 7/28/09, 7/24/09

Services of Texas 6/7/10

11/20/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant in this case is a man who was injured on xx/xx/xx. He is diagnosed with lumbar spondyloisthesis at L3/4, lumbar spinal stenosis and radiculopathy. He has had more than one year of conservative care including PT and injections. MRI and CT myelogram reveal spinal stenosis at L3/4. X-Rays show spondylolithesis at L3/4 with greater than 5mm of translation. Psychological evaluation and testing dated June 7, 2010 revealed the patient reported depression, anxiety and sleep problems. Ph.D. notes in his report that the claimant's depression and anxiety are not severe enough to interfere with the proposed surgery and that there are no psychological contraindications for the proposed surgery.

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

Previous reviewers denied this surgery because no psychological evaluation was submitted with the records. In addition, there were no flexion/extension views. At this time, however, all of these records have been submitted and the patient does meet the ODG criteria for fusion. MRI and CT myelogram reveal spinal stenosis at L3/4. X-Rays show spondylolithesis at L3/4 with greater than 5mm of translation. There are no psychological contraindications for the proposed surgery. He has failed more than one year of conservative treatment. Based on this new information, the patient meets the ODG criteria. The reviewer finds that there is medical necessity for Lumbar decompression and fusion at L3/4 with a three or four day length of 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)