



Notice of Independent Review Decision

DATE OF REVIEW: 11/24/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Laminectomy with Fusion and Instrumentation at L4-L5
Purchase of TLSO Back Brace
Length of Stay 1 Day

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

Board Certified in Neurological Surgery

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)

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.

Lumbar Laminectomy with Fusion and Instrumentation at L4-L5 – UPHELD
Purchase of TLSO Back Brace – UPHELD

Length of Stay 1 Day – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Lumbar Spine MRI, M.D., 03/10/10
- Evaluation, M.D., 05/06/10
- Operative Report, Dr., 05/19/10, 06/22/10
- Correspondence, Dr. 06/03/10, 06/24/10, 07/26/10, 08/19/10
- Lumbar Myelogram, M.D., 06/22/10
- CT Lumbar Spine, Dr. 06/22/10
- Denial Letter, 08/10/10, 10/15/10

PATIENT CLINICAL HISTORY [SUMMARY]:

This gentleman injured himself on xx/xx/xx when he fell off of a trailer, landing on his back on some pipe. He had pain and was not able to return to work. He saw Dr. and subsequently was sent to Dr. a neurosurgeon. He had been worked up with an MRI scan, myelogram, CT myelogram, and even had epidural steroid injections, which did not relieve his back pain and bilateral lower extremity pain. The study demonstrated some congenital stenosis with some bulging of the L4-L5 and L3-L4 discs and possible sacralization of L5-S1. Part of the study states that at L4-L5 there was spondylolysis without spondylolisthesis. The patient was requested, because of the continued pain and failure of medications including muscle relaxants, non-steroidal anti-inflammatory medication, and pain medications, to have an intervention at L4-L5 with stabilization via fusion with instrumentation and subsequently a TLSO brace.

The patient had the case reviewed by Dr. and Dr., neither of whom felt certification was warranted according to the ODG criteria for laminectomy and for fusion clearly discussed in the ODG criteria. On findings, the only thing was some hypoactive ankle jerks, some vague complaints of sensory deficits without being documented clinically. There is no mention of the patient's motor examination.

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

I do not think that the criteria for instability have been established. Appropriate studies have not been performed. For instance, a simple set of flexion/extension films has not been performed demonstrating instability with the findings of the spondylolysis at L4, providing justification for stabilizing that motion segment and meeting the criteria of ODG as stated in the Guides.

Based on the information provided at this time, I do not feel that certification has been established as the appropriate studies have not been performed in accordance with ODG Guidelines.

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)

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