

I-Decisions Inc.

An Independent Review Organization
5501 A Balcones Drive, #264
Austin, TX 78731
Phone: (512) 394-8504
Fax: (207) 470-1032
Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/26/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient lumbar laminectomy with fusion, instrumentation at L4-5 LOS 1 day and DME TLSO Back Brace

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

MD, Board Certified Neurosurgeon

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

9/20/10, 10/8/10

M.D., F.A.C.S. 1/4/05 to 9/27/10

Ph.D. 9/10/10

Hospital 01/04/2005, 01/14/2005, 01/28/2005, 02/21/2005, 05/02/2005, 06/23/2005, 08/25/2005, 11/21/2005, 02/13/2006, 12/14/2007, 01/18/2008, 09/10/2008, 05/28/2010

Neurosurgical Association 6/15/06

Official Disability Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is a male with a date of injury xx/xx/xx, when he was involved in an MVA. He has been on pain medications and NSAIDs, chiropractic treatment, and had ESIs. He is status post L5-S1 fusion 01/28/2005. He has had increasingly severe low mechanical back with bilateral radiating leg pain. His examination 09/27/2010 reveals weakness in the bilateral foot and great toe dorsiflexion. An MRI of the lumbar spine on 05/28/2010 reveals severe bilateral foraminal stenosis at L4-L5, with a mild central stenosis. This has progressed since the CT myelogram of 12/14/2007. A psychological evaluation 09/10/2010 found him to be an average candidate for back surgery.

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

The claimant has had progressive degenerative changes at L4-L5 with neuroforaminal stenosis and objective evidence of radiculopathy/neurologic deficit stemming from this level.

He has exhausted reasonable conservative measures and has recently undergone psychological clearance. The requested procedure is medically necessary and in accordance with ODG criteria for a lumbar fusion. A one-day length of stay is medically necessary for the procedure. While postoperative TLSO back brace is "under study" according to the ODG, it is routinely done after lumbar fusion surgery and is, therefore, also medically necessary. The reviewer finds that medical necessity exists for Inpatient lumbar laminectomy with fusion, instrumentation at L4-5 LOS 1 day and DME TLSO Back Brace.

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)