



REVIEWER'S REPORT

DATE OF REVIEW: 01/30/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

L4/L5 and L5/S1 decompression and fusion

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. TDI referral
2. Confirmation of receipt of request for a review by an IRO
3. Insurance Company denial letters, 12/14/09 and 12/30/09
4. Patient submissions, multiple letters from the patient and personal documentation
5. EMG study, 12/07/09
6. Records from Hospital
7. Lumbar spine MRI scan, 05/01/09
8. EMG study, 01/30/03
9. Records from PM&R Group
10. Records from Dr. orthopedic surgeon
11. MRI scan of lumbar spine, 01/23/2007
12. Interventional Pain Management Physician's note, Dr. office procedure note, 05/02/07
13. Note from Surgeons, P.A., Dr., 04/22/08
14. Note from Dr., 02/23/07
15. Note from Dr., Pain Center, 12/03/09
16. Note from Rehab Therapy Services, Ph.D.
17. denial letter, 07/21/09
18. Pain Center Note, Dr. 10/30/09
19. denial letter, 12/30/09, 12/14/09
20. IRO report, 08/08/07

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient has a long chronic history of cervical and low back pain. She has previously undergone surgical spine surgery. Lumbar decompression and fusion have been denied by the insurance company as medically unnecessary. The patient has failed extensive conservative treatment. Multiple MRI scans, flexion/extension x-rays, plain x-rays, and EMG studies have documented instability and significant degenerative changes at L5/S1 with associated radiculopathy as well as mild changes and radiculopathy at L4/L5. The patient has severe debilitating unrelenting pain and has requested surgical management. Psychosocial screening has cleared the patient for surgery. Lumbar discogram was negative; however, the operator felt that a lot of the patient's lumbar pain was coming from posterior elements and not the disc.

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

The patient has obvious post injury degeneration and stenosis at the L5/S1 level. The reason this patient's surgery has been denied has really been for the request of fusion and decompression at the L4/L5 and L5/S1 level, as well. There is sufficient evidence in the medical records to demonstrate spinal symptomatic stenosis at that level as there is an EMG showing L4/L5 nerve root compression. In addition, the negative discogram should not preclude arthrodesis at that site due to the posterior spondylitic changes that are most likely contributing to pain at that level. Therefore, based on the medical history and records provided to me, it is obvious that this patient requires lumbar spinal fusion and decompression at L4/L5 and L5/S1 as requested by Dr. Earle.

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

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description). OKU Spine and NASS Spinal Surgery Recommendations
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)