

# Core 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Feb/09/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Inpatient length of stay two days, lumbar laminectomy, discectomy 63030, 63035, 69990-99 discography 623290, arthrodesis 22612, 22614, 22851, 22558, 22585 bone graft 20938 with cages posterior instrumentation 22842 and implantation of a bone growth stimulator (EBI) 20795, 63685-99, 22325, 22328 at L2-3-4-5-S1.

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

M.D., Board Certified Orthopedic Surgeon and  
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**

Adverse Determination Letters, 1/5/10, 1/20/10  
Official Disability Guidelines Treatment in Worker's Comp, 14<sup>th</sup> edition, 2010 updates, Low Back

M.D., P.A. 3/3/09, 11/25/08, 12/1/09, 10/26/09, 10/27/09, 5/12/09  
11/20/09, 10/14/09, 6/13/02

Diagnostic 2/17/09

Chronic Pain Management, 12/14/09, 5/13/09, 7/22/09, 7/28/09, 8/11/09, 8/21/09, 8/31/09

M.D., P.A. 1/8/03

Methodist Hospital, 7/10/02

, 11/7/01

Pain Management Physicians, P.A. 2/19/09, 3/5/09, 3/26/09, 4/23/09, 5/21/09, 6/18/09, 7/13/09, 8/13/09, 9/10/09, 10/8/09, 1/7/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a injured worker who has a previous history of lumbar laminectomy at L3/L4 and L4/L5. He was injured on xx/xx/xx. He has had note of L3/L4, L4/L5, and L5/S1 stenosis and spondylosis. There is some translation in the form of a degenerative cascade of 2 mm to 3 mm at each level. An MRI scan shows small disc protrusion at L4/L5, a bulge at L5/S1, a bulge at L3/L4 and also at L2/L3. The patient had chiropractic care, physical therapy, and medications.

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

Records indicate this patient has four-level disease. There is no instability present that reaches the level of the AMA definition of instability. There is, however, the classic degenerative cascade noted of approximately 3 mm at each level. The patient has had a previous laminectomy with loss of disc space height and "bone-on-bone." The pain generators have not been identified as required by the ODG. The spine pathology is not limited to two levels as required by the ODG. Psychological issues have not been addressed in the records, nor has the issue of the patient's history of smoking. Based on these facts, the request for a four-level fusion for degenerative disc disease does not conform to the screening criteria of the Official Disability Guidelines and Treatment Guidelines. Discography is not recommended by the ODG. Bone growth stimulators are under study and the ODG recommends a case-by-case study, but since the fusion is not medically necessary, nor is the BGS. The reviewer finds that medical necessity does not exist for Inpatient length of stay two days, lumbar laminectomy, discectomy 63030, 63035, 69990-99 discography 623290, arthrodesis 22612, 22614, 22851, 22558, 22585 bone graft 20938 with cages posterior instrumentation 22842 and implantation of a bone growth stimulator (EBI) 20795, 63685-99, 22325, 22328 at L2-3-4-5-S1.

**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: AMA Guides, 5<sup>th</sup> Edition, Spinal Instability Criteria)