

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/09/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

TLIF L3-4,L5-S1 w/ 1-2 day stay (63042, 63044, 22630, 22632, 22851, 22612, 22614, 22842, 20936, 38220)

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

M.D., 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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 11/18/09, 12/8/09
xxxxxxx 10/14/09, 6/20/08
M.D. 9/23/09, 10/14/09, 10/22/09
DNI 6/23/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male who apparently underwent a remote laminectomy at L4/L5 and possibly L3/L4. There is mention of lumbar fusion at some places in the records, and there is mention of lumbar laminectomy. The actual procedure that was performed is unclear, as the operative report has not been provided. The patient has been psychologically cleared. Records state he underwent a discogram that gave equivocal results but was incorrectly performed per the North American Spine Society Guidelines. He underwent further evaluation, and it was determined that he had grade 5 scored discs at all levels and that he had concordant pain at L3/L4 and L5/S1. It states there is no disc at L4/L5, and there was apparently discordant pain at L2/L3. All levels in the MRI scan are severely degenerative. Current request is for fusion of L3/L4 and L5/S1.

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

The Official Disability Guidelines and Treatment Guidelines do not support a three-level lumbar fusion, which would be the outcome in this particular individual's case if these two

adjacent discs were fused. Furthermore, there has been no demonstration of instability and no demonstration of any neurological deficit. Records in the case indicate all the adjacent discs, in particular L2/L3, are far from normal and can be expected to become symptomatic (if they are not already so) should a fusion be performed. Given that this request is for a three- level fusion without instability in a patient with multilevel degenerative disc disease, it does not conform to the Official Disability Guidelines and Treatment Guidelines parameters. The reviewer finds that medical necessity does not exist for TLIF L3-4,L5-S1 w/ 1-2 day stay (63042, 63044, 22630, 22632, 22851, 22612, 22614, 22842, 20936, 38220).

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)