

SENT VIA EMAIL OR FAX ON
Jan/12/2010

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/12/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI Pelvis w/o Dye; Lumbar Spine Fusion; Spine Fusion Extra Segment; Remove Spine Fixation Device; Reinsert Spinal Fixation; Arthrod Presac Interbody; Bone Marrow Aspiration; SP Bone Algrft Morsel Add-on; Somatosensory Testing; Somatosensory Testing; Needle Localization by XRay; SP Bone Algrft Local Add-On; Nervous System Surgery; Surgical Trays; Office/Outpatient Visit, EST.

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

Board Certified Orthopedic 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

OD Guidelines
CT lumbar spine, 04/15/09
Office note, Dr., 05/01/09
Office notes, Dr., 06/01/09, 07/23/09
Procedure, Dr., 06/24/09
Office note, , PA-C, 10/12/09
Office note, Dr., 10/20/09
Peer review, Dr., 11/12/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male who was status post L3-S1 fusion in 2007. The CT of the lumbar spine from 04/15/09 showed a small amount of contrast material in the extradural portions of the spine. Spondylolysis defects at L5 and bilateral pedicle screws at L3 and L5 with left sided pedicle screw at L4 was noted. There were pedicle screws connected with metallic rods. Laminectomy changes from L3 to S1 were noted. There were extradural defects at L5 and L5-S1 suggesting either scar or recurrent disc protrusion. Generalized annular bulging of the disc at L3-4 was reported. Dr. evaluated the claimant on several occasions for persistent low back pain and leg pain. The claimant had 4/5 weakness to the lower extremities. Dr. noted on 07/23/09 that the claimant had little relief with facet blocks and that the CT myelogram showed severe facet asymmetry at L5-S1. Dr. stated that the rod length was too long and impinged on the facets. Dr. stated that the claimant had a wide laminectomy, loose pedicle screws at L3 with no obvious L3-4 fusion and the L2-3 level was beginning to break down. Dr. recommended a L2-S1 revision and arthrodesis. On 10/12/09, the claimant reported he was getting worse. Impression was non-union at L3-4, and did not appear to have a solid fusion at L4-5, and possible spondylolisthesis at L5-S1. The claimant has been treated with pain medication, Lyrica, TENS unit, facet joint blocks, and regular duty.

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

The requested MRI of the pelvis, lumbar spine fusion, removal spine fixation device with reinsertion, bone marrow aspirate, med medi-sensory testing, needle localization, allograft, surgical trays, and office outpatient visit as well as EST is not medically necessary based on a careful review of all medical records.

This is an extremely confusing case in that this is a gentleman who has had previous surgery. It appears from the medical record that his physicians are concerned about the possibility of stenosis and lack of full fusion, although it is difficult based on review of the medical records to determine exactly what they are thinking about. What is being requested is testing as well as lumbar spine fusion, and it appears the testing may be needed to look at the pelvis and see whether further screws can be placed but there is no documentation of structural instability. Obviously the patient has had conservative care but it is not clear why he needs surgery at this time. The last true office visit documented is a 10/12/09 evaluation by Mr. physician assistant, who talks about limitation and function, possible non-union and need for surgery, and there is no clear discussion of all of this by a surgeon. ODG Guidelines document the use of revision lumbar spine surgery in claimants who have failure initial care and/or non-union. While it is possible this patient may have non-union and progressive stenosis that is not absolutely clear on this medical record. In light of the fact that this is a very confusing request and a very complicated patient and the fact that this physician reviewer has been unable to speak with one of the treating surgeons about indications for surgery, then the requested surgical intervention is not medically necessary.

Official Disability Guidelines Treatment in Workers' Comp 2010 updates, chapter low back, lumbar fusion. Chapter hip and pelvis, MRI of the pelvis.

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)