

I-Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/06/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Inpt L Fusion w/ instr L3-L5 LOS 3-5; 20936, 22851, 63047, 63048, 22612, 22630

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., board certified in Orthopedic Surgery

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, 9/11/09, 8/26/09
8/11/03

Imaging Center 5/19/08, 1/5/09

Operative Procedure 4/27/04

DeTar Med Works 1/7/05

Orthopedic Associates 5/6/08, 5/20/08, 6/10/08, 2/2/09, 2/23/09, 9/22/09, 10/19/09

Neurosurgical Associates 7/8/08, 12/9/08, 1/20/09, 5/20/09, 7/21/09

Wellness Center 10/9/08

Consultants 3/24/09

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who was injured on xx/xx/xx. The patient underwent a microdiscectomy at L4/L5 and apparently did well from that. He developed recurrent problems consisting of back pain and leg pain. There was no evidence of neurological deficit on physical examination, however. An MRI scan was taken, which showed interval worsening of a broad-based disc bulge at L3/L4 and a recurrent herniation at L4/L5. The medical records of the operating surgeon initially recommended a repeat discectomy, and then later the recommendation was that he should undergo fusion. His treating physician, however, felt that a laminectomy would be sufficient. The current request is for Inpt L Fusion w/ instr L3-L5 LOS 3-5; 20936, 22851, 63047, 63048, 22612, 22630.

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

The records show the patient has a recurrent herniation at L4/L5 on the MRI scan findings. The patient does have radicular complaints. However, this patient does not satisfy the ODG criteria for fusion. Criteria number six states that after failure of two discectomies fusion may be an option. This patient does not satisfy this criteria in that he has not had two

discectomies. Fusion selection criteria includes instability. Instability has been documented as not being present in this individual. The criteria for fusion also requires that all pain generators be isolated, and in this case this has not been accomplished either with selected nerve root sleeve blocks or with provocative discography. In addition, preoperative screening with a psychological evaluation for suitability for fusion has not been performed. The patient does not meet the ODG screening criterion for lumbar fusion surgery. The requesting surgeon has not given this reviewer any indication as to why the ODG criteria should be set aside. The reviewer finds that medical necessity does not exist for Inpt L Fusion w/ instr L3-L5 LOS 3-5; 20936, 22851, 63047, 63048, 22612, 22630.

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)