

# US Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Dec/30/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Revision Fusion Posterolateral at L4-5 with 2-day inpatient stay

**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, 10/29/09, 11/23/09

M.D. 11/17/09, 12/10/09, 5/2/09, 4/21/09, 6/2/09, 2/17/09, 1/27/09, 10/1/08, 1/13/09, 12/2/08, 11/18/08, 9/11/08, 8/21/08, 8/14/08, 8/2/08, 7/22/08, 6/5/08, 5/20/08, 5/1/08, 3/27/08, 1/29/08, 1/8/08, 11/15/07, 10/16/07, 5/15/07, 9/29/08, 6/17/08, 10/16/09

MRI 10/8/09, 4/9/07

xxxxxx 11/25/09

xxxxxxx 7/28/09, 6/16/09, 12/2/08, 1/6/09

Report of Medical Evaluation 8/17/07

Operative Report 10/23/08

9/30/08

Surgery Schedule Request 9/29/09, 12/20/07

Inc. 9/22/08, 10/1/08

xxxxxxx 1/2/08

xxxxxxx MRI 7/19/07, 1/26/09

xxxxxxx 10/12/09

Department of xxxxxx 10/27/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is an injured worker who has previously undergone, according to the history, multiple laminectomies at L4/L5 followed by an interbody fusion with posterior instrumentation at L4/L5. Current myelogram and post myelogram CT scan shows that there are post surgical changes including a pseudoarthrosis, i.e., no osseous bridging was noted. Flexion/extension views have not shown evidence of instability. There is no evidence of hardware loosening. The records indicate there has been no attempt to document the hardware or the level of pseudoarthrosis as a pain generator through pain management style blocks.

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

While the records indicate this patient does have a clear-cut pseudoarthrosis, there is no evidence, based upon the medical records, that this has been identified as a pain generator. There is no evidence of hardware loosening. Flexion/extension views have not shown evidence of instability. The records do not indicate that the pain generator has been actively identified. The guidelines state that the vast majority of pseudoarthroses are not symptomatic and do not require repair. Given the lack of identification of the pain generator, in this case being pseudoarthrosis or the hardware, the previous adverse determination cannot be overturned, as this request does not conform to the Official Disability Guidelines and Treatment Guidelines. The reviewer finds that medical necessity does not exist at this time for Revision Fusion Posterolateral at L4-5 with 2-day inpatient stay.

**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)