

# Prime 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE OF REVIEW:

Jul/06/2010

### IRO CASE #:

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

Inpatient extreme lateral interbody fusion XLIF with posterior lumbar fusion with instrumentation at L2-3 and a three (3) day length of stay

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

M.D., Board Certified in Orthopedic Surgery  
Board Certified in Spinal 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

OD Guidelines  
Notices of Utilization Review Findings, 5/24/10, 6/14/10  
Functional Restoration Services 4/16/10  
M.D. 1/26/10, 10/10/09  
M.D., P.A. 9/22/09

### PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who has multilevel degenerative disc disease. He has had an MRI which apparently shows retrolisthesis at L2/L3 of 4 mm. He is stated to have a radicular complaint in an L3 distribution that was felt to be a disc in the neuroforamen. He has had conservative treatment including epidural steroid injections and physical therapy. Dr. recommended decompressive laminectomy. Dr. and Dr. recommended a fusion in conjunction with this. There is no evidence of instability. A discogram has not been performed according to the records.

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

There is no evidence of instability and we note that there does not appear to be any motor, though there is a sensory deficit. A discogram has not been performed to help isolate all the possible pain generators. His pathology is not limited to two spinal levels; he has multilevel disease. He has no x-ray with demonstration of actual instability according to the criteria defined in the AMA Guides. He apparently has no psychological issues. He does not meet

the criteria for fusion according to the ODG Disability Guidelines & Treatment Guidelines. There is nothing in the records to explain why the ODG Guidelines should be set aside in this individual's case, and for this reason, the reviewer finds that the previous adverse determination/adverse determinations should be upheld. The reviewer finds that medical necessity does not exist for inpatient extreme lateral interbody fusion XLIF with posterior lumbar fusion with instrumentation at L2-3 and a three (3) day length of 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)