



## Notice of Independent Review Decision

**DATE OF REVIEW:** 05/25/10

**IRO CASE #:**

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

Anterior Lumbar Interbody Fusion at L5-S1

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

Licensed 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Anterior Lumbar Interbody Fusion at L5-S1 – UPHELD

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- History and Physical, M.D., 05/19/09
- Operative Report, Dr. 06/11/09

- Lumbar X-rays, 06/12/09
- MRI Lumbar Spine, 08/25/09
- Office Visit, Dr. 10/13/09, 11/03/09, 12/01/09
- Neurosurgical Consultation, M.D., 10/13/09
- EMG Nerve Conduction Study Report, M.D.
- Surgery Scheduling Slip/Checklist, 03/17/10
- Consultation, D.O., 03/17/10
- Radiology Report, Dr. 03/17/10
- Evaluation, CoPE, 04/14/10
- Denial Letter, 04/23/10, 04/29/10
- The ODG Guidelines were not provided by the carrier or the URA.

**PATIENT CLINICAL HISTORY (SUMMARY):**

The patient sustained an injury to her lower back. She did have a history of a prior lumbar surgery at L5-S1 several years prior. Shortly after the recent incident, she had undergone two Epidural Steroid Injections (ESIs), which did not provide any relief. In the past, she had been treated with Lidoderm patches, Voltaren gel, Tramadol and Mobic, without much relief. A right L4, L5 and S1 medial branch block was performed. X-rays of the lumbar spine revealed degenerative change with osteophytic spurring of the lumbar spine and moderate narrowing of the L5-S1 disc space and mild lumbar scoliosis. An MRI of the lumbar spine showed evidence of a previous surgery on the left at L5-S1 with degenerative disc disease at L5-S1 and a mild left paracentral protrusion and post-operative changes on the left at L5-S1. There was no definite significant abnormality noted. A neurosurgical consultation was performed, who indicated there was no further surgical indication for the claimant at that point. An EMG study revealed electrophysiological evidence of a right-sided S1 radiculopathy. She was maintained on Effexor, Tramadol, and Hydrocodone. She was referred for a chronic pain management program.

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

ODG for lumbar fusion states the criteria is either neural large defect or segmental instability, and the definition for segmental instability is slippage of greater than 4.5 mm at the lumbar spine level. This patient only has 2 mm to 3 mm motion. Therefore, the patient does not have findings that would support the requested fusion per ODG criteria.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM - AMERICAN 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)**