

C-IRO Inc.

An Independent Review Organization
7301 RANCH RD 620 N, STE 155-199A
Austin, TX 78726
Phone: (512) 772-4390
Fax: (512) 519-7098
Email: resolutions.manager@ciro-site.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/28/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Explore Fusion Repeat L5/S1 Fusion With Bone Morphogenic Protein and Instrumentation
With a Three Day Inpatient 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 Spine 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

HDI Utilization Review Determinations, 4/8/10, 3/17/10

ODG Treatment Guidelines

M.D., 6/2/09, 7/20/09, 8/4/09, 10/28/09, 12/29/09, 2/9/10, 3/9/10, 3/31/10, 6/3/09, 12/30/09,
11/23/09, 7/17/09, 7/2/09, 5/21/09

Imaging Center 3/3/09

Medical Center 3/1/10, 7/17/09, 7/20/09

M.D. 4/1/09

LOMC 2/13/09-5/19/09

PhD 6/30/09, 6/25/09

Therapy Center 1/11/09, 12/1/09, 1/7/10, 12/29/09, 12/16/09, 12/9/09

8/7/09

1/12/10

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who underwent a lumbar fusion for L5/S1 instability and spondylolysis with spondylolisthesis. There was flexion/extension instability, which met the AMA criterion for instability. Currently the patient is one year post surgery. He had pain, and there was question of whether there was a pseudoarthrosis. A CT scan was obtained. There

was no evidence of hardware loosening and no firm evidence of failure of fusion. Plain x-rays have not documented categorically failure of fusion. Pseudoarthrosis blocks have not been performed, and hardware blocks have not been performed. Current request is for revision surgery.

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

Based upon the patient's medical records, the medical necessity for this spinal surgery has not been documented. A pseudoarthrosis block has not been performed or hardware block to document that this is the source of the pain. The CT scan has not shown categorically that the bone has not consolidated, and there is evidently no hardware loosening, which would be expected with instability and a failed fusion. It is for these reasons that previous adverse determination cannot be overturned, as the request does not meet the Official Disability Guidelines and Treatment Guidelines. The reviewer find that medical necessity does not exist for Explore Fusion Repeat L5/S1 Fusion With Bone Morphogenic Protein and Instrumentation With a Three Day Inpatient 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)