



Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 02/26/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L5/S1 lumbar fusion with three-day inpatient length of stay

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spine problems

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
			<i>Prosp.</i>						<i>Upheld</i>

INFORMATION PROVIDED FOR REVIEW:

1. IRI forms and memos
2. TDI referral forms
3. Denial letters, 01/28/10 and 02/09/10, including criteria used in the denial (ODG).
4. Orthopedic consultation 12/09/09, follow up 12/23/09 & addendum 01/19/10.
5. Neurology follow up 12/07/09 and 01/20/10 and letter of appeal 01/29/10.
6. Lumbar MRIs 05/29 & 11/13/09.
7. Lumbar epidural steroid injection 07/23/09 and pre-surgery psychological evaluation 12/20/09.
8. Discography 06/01/09.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male suffering low back pain and left leg pain after an injury suffered on xx/xx/xx. The patient was carrying a heavy pipe when he felt the sudden onset of low back pain and left leg pain. He was treated initially with physical therapy and epidural steroid injections without benefit. He is a smoker. Recent physical examination revealed a diminished left ankle jerk with weakness in the L4 and L5 myotomes and hypesthesia in the S1 dermatome. His straight leg raising test is positive bilaterally, 30 degrees on the right and 45 degrees on the right. A CT myelogram in November 2009 revealed bilateral spondylolysis and spondylolisthesis, grade one to two, L5, L5/S1. Flexion and extension lateral x-rays did not specifically demonstrate instability. MRI scan of the lumbar spine reveals degenerative disc disease at multiple levels including L3/L4, L4/L5, and L5/S1 with grade one spondylolisthesis L5 on S1. He has L4/L5 mild bilateral foraminal stenosis and mild to severe foraminal stenosis at L5/S1. The current provider has requested preauthorization for a lumbar decompression surgical procedure and lumbar fusion



at L5/S1 with a three-day length of stay. This request for preauthorization for the surgical procedure has been considered and denied, reconsidered and denied.

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

There is ample clinical evidence to suggest that this patient is suffering lumbar radiculopathy involving nerve roots L5 and S1, more severe on the left than the right. He also is suffering degenerative disc disease at multiple levels manifested by minor disc bulges. There is also evidence of facet arthropathy. The criteria for the performance of a decompression and lumbar fusion have not totally been met. It is not clear that all pain generator locations have been identified. There is the possibility that pain is arising from the lumbar facet arthrosis and/or the degenerative disc disease. As such, it would be ill-advised to plan a decompression at a single level L5/S1. The need for lumbar fusion is not clear as a primary procedure. If the decompression was performed, one could suggest that instability would be produced under such circumstances, justifying the fusion; however, it does not appear that the decompression and fusion procedure is justified at this time. The prior denials appear to have been appropriate and should be upheld.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).