

SENT VIA EMAIL OR FAX ON  
Apr/19/2010

## **P-IRO Inc.**

An Independent Review Organization  
835 E. Lamar Blvd. #394  
Arlington, TX 76011  
Phone: (817) 349-6420  
Fax: (214) 276-1787  
Email: resolutions.manager@p-iro.com

### **NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE OF REVIEW:**

Apr/19/2010

**IRO CASE #:**

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

Lumbar Posterior Decompression Bilateral at L3-L5, lumbar posterior Fusion with Instrumentation at L3-4 with Posterior Lumbar Interbody Fusion (PLIF), Allograft and Autograft with 2 Day Inpatient length of stay

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

**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

Denial Letters 3/10/10 and 3/24/10

Ortho Specialists 2/18/10

3/2/10

OP Reports 9/24/09, 7/27/09, 2/9/09

Pain Consultants 12/19/08 thru 3/12/10

Spine Associates 6/6/09 thru 12/15/09

Injury Center 6/17/09 thru 2/22/10

MRI 1/8/09

Diagnostic 3/2/09

Peer Review 3/23/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male with a date of injury xx/xx/xx, when he was picking up trash receptacles. He complains of low back and left leg pain. He has undergone chiropractic therapy, physical therapy, medications, and epidural steroid injections. He has undergone facet rhizotomies. He is a smoker. His neurological examination is normal. Electrodiagnostic studies 03/02/2009 revealed a left L5 radiculopathy. An MRI of the lumbar spine 01/06/2009 reveals a spondylolisthesis at L3-4 with central and bilateral foraminal stenosis. At L4-L5 there is an anterolisthesis with mild central and bilateral lateral recess stenosis. He underwent a psychological evaluation 03/02/2010, which found him suitable for surgery. The provider is requesting a lumbar Posterior Decompression Bilateral at L3-L5, lumbar posterior Fusion with Instrumentation at L3-4 with Posterior Lumbar Interbody Fusion (PLIF), Allograft and Autograft with 2-Day Inpatient length of stay

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

The proposed surgery is not medically necessary, based on the submitted documentation. While the claimant may be a surgical candidate and does meet the majority of ODG criteria for a lumbar fusion, he is a smoker. There has been no documentation submitted regarding attempt for smoking cessation or counseling to do so. The literature has demonstrated decreased fusion rates in those who smoke. Nonunions can result in chronic pain and need for additional surgery. The ODG recommends "for any potential fusion surgery, that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing."

#### **References/Guidelines**

ODG "Low Back" chapter

#### **Patient Selection Criteria for Lumbar Spinal Fusion:**

##### **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)