

Clear Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/18/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Two-day inpatient stay for Spondylolithesis reduction L5-S1 decomp and instrumented fusion

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

MD, 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

Adverse Determination Letters, 3/19/10, 4/7/10

M.D. 3/12/10, 2/18/10

Clinic 2/16/10, 2/8/10, 2/12/10

M.D. 2/12/10

Surgical Center 1/7/10

Synapse 12/28/09

Official Disability Guidelines

PATIENT CLINICAL HISTORY SUMMARY

According to the records, she had a spondylolisthesis at L5/S1 and an anterolisthesis at L5/S1 and a retrolisthesis at L4/L5. She is said also to have some central stenosis.

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

The medical records do not have the required data necessary to satisfy the Official Disability Guidelines and Treatment Guidelines. It is not clear whether the anterolisthesis and retrolisthesis is static or not. Flexion/extension views could not be located within the medical records. Furthermore, the neurological examination did not demonstrate any evidence of myelopathic changes, bladder complaints, etc. This request for fusion does not meet the Official Disability Guidelines and Treatment Guidelines due to the failure to document the instability by flexion/extension views. There is no obvious clinical myelopathy on history or physical. The reviewer is unable to overturn the previous adverse determination. The reviewer finds that medical necessity does not exist for Two-day inpatient stay for

Spondylolithesis reduction L5-S1 decomp and instrumented fusion.

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)