



REVIEWER'S REPORT

DATE OF REVIEW: 05/07/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Lumbar surgery, L5/S1, anterior lumbar interbody fusion

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., 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 (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. xxx forms
2. TDI referral forms
3. Denial letters, 03/15/10 and 04/14/10
4. Requestor records
5. Appeal letter, 03/24/10
6. Authorization requests, twelve entries between 08/08/08 and 04/27/10
7. xxxx medical record review, 11/04/08
8. UR fax sheets, 01/15/09
9. Chest x-ray reports, 12/11/08 and 01/12/09
10. Anesthesia records, 01/15/09
11. Operative report, 01/15/09 for L5/S1 discectomy posterior lumbar interbody fusion, L5/S1, and posterior fusion, L5/S1
12. Fluoroscopy report, 01/15/09

13. Laboratory data, 12/11/08 and 02/27/09
14. Discharge summary, hospitalization 01/15/09 through 01/18/09
15. xxxx letter, 02/16/09
16. Pathology report, 01/16/09
17. AIG letter, 02/09/09
18. Fax cover sheet, 02/27/09
19. Clinical records, M.D., seventeen records between 08/08/08 and 03/24/10
20. MES Peer Review, 11/04/09, incomplete
21. Carrier records
22. MRI scan of lumbar spine, 06/17/08 and 07/17/09
23. Multiple fax cover sheets
24. Pain management evaluation, M.D., 03/29/10
25. TWCC Form 73, multiple entries
26. TWCC Form 69, multiple entries
27. Report of medical evaluation, M.D., 07/01/09 and addendum 02/09/10
28. MMI achieved 07/01/09 with whole person impairment rating of 5%
29. Letter, 02/12/10
30. OSMS DME request, 06/17/08 and 05/05/08
31. DME prescription, 06/05/08
32. Operative report, epidural steroid injections, 09/15/08
33. Clinical notes, 01/08/09
34. Left shoulder injury, 03/07
35. Denial letter, 11/04/08
36. CT myelogram with post myelogram studies, 10/06/09
37. HDI fax cover sheets and itemized medical review, 11/19/09 and 04/13/10
38. Work status reports, multiple entries
39. Physical therapy evaluations and multiple progress notes
30. Miller Physical Therapy evaluation and summary report, 06/06/08
31. MRI scan of lumbar spine, 06/17/08
32. Clinical notes, M.D., 06/09/08, 05/19/08, and 05/05/08
33. Work status reports, 08/08/08 and 10/01/08, and 10/17/08
34. Physical therapy summary, 08/14/08
35. Medical record review, 08/19/08
35. HDI utilization review determinations, seven entries between 10/23/08 and 04/14/10
36. X-ray report of lumbar spine, 03/04/09 and 06/12/09
37. Designated Doctor appointment letter, 06/23/09, with medical record review
38. Operative report, 08/19/09, for bilateral L5 selective nerve blocks
39. Letter, 10/16/09
40. Peer Review, 11/04/09
41. Letters to reschedule Designated Doctor Evaluation, 01/21/10 and 01/29/10
42. Letter, 02/05/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who suffered a lumbar spine injury while lifting heavy objects on xx/xx/xx. He was initially treated extensively with medications, activity modifications, and physical therapy. He eventually underwent a posterior lumbar interbody fusion at

L5/S1 with discectomy and posterior instrumentation on 01/15/09. His pain has been persistent, and he has suffered a complaint of bilateral leg pain and foot numbness. A CT scan with lumbar myelogram was performed on 10/06/09, revealing potential pseudoarthrosis at the level of L5/S1. However, there has been no instrumentation failure, and repeated flexion/extension lateral x-rays have not demonstrated instability. A request to revise the L5/S1 fusion has been submitted, considered and denied, reconsidered and denied.

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

There is no clear evidence of instability. Flexion and extension laterals as late as June 2009 failed to reveal instability on flexion/extension lateral x-rays. There has been no hardware failure or loosening which would confirm pseudoarthrosis. Under the circumstances, it would not appear that a revision surgery is likely to produce any change in the patient's clinical status. He suffers a failed back syndrome.

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).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)