

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 10/27/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L5-S1 Mini 360 Fusion 63090 22558 22851 20931 22612 63047 22842 95920
2 Day LOS

QUALIFICATIONS OF THE REVIEWER:

Neurosurgery, Neurosurgery Pediatric, Surgery Spine

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)

L5-S1 Mini 360 Fusion 63090 22558 22851 20931 22612 63047 22842 95920
2 Day LOS Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notice to air analyses by, dated 10/7/2010
2. Fax page dated 10/6/2010
3. Request for review dated 10/5/2010
4. Letter by MD, dated 10/1/2010
5. Notification of determination by MD, dated 9/17/2010
6. Confirmation of receipt dated unknown
7. Review summary by MD, dated unknown
8. Form by author unknown, dated unknown
9. Notice of assignment by, dated 10/7/2010
10. Request for a review dated 10/5/2010
11. Surgery scheduling slip dated 9/9/2010
12. Patient profile dated 9/9/2010
13. Notice of independent review dated 3/25/2010
14. Review note dated 3/24/2010
15. Notification of determination by MD, dated 1/25/2010
16. Radiology report by MD, dated 1/15/2010
17. Chronic pain management program by Ph.D, dated 1/15/2010
18. Follow up by MD, dated 1/4/2010 to 9/9/2010

Name: Patient_Name

19. Peer to peer by MD, dated 11/26/2007
20. Patient contact dated 8/8/2007
21. Consult by MD, dated 5/9/2007
22. Radiology report by MD, dated 9/11/2006
23. Procedure note by MD, dated 9/11/2006
24. MRI of the lumbar spine by MD, dated 6/15/2006
25. MRI of the lumbar spine by MD, dated 6/15/2006
26. MRI lumbar spine dated 5/13/2004
27. Lumbar discogram by MD, dated 11/18/2002
28. Lumbar discogram by MD, dated 11/18/2002
29. Lumbar strain by MD, dated 11/30/2000
30. Clinical note by MD, dated 11/15/2000
31. Driver license dated unknown
32. Form dated unknown
33. Checklist by author unknown, dated 9/9/2010
34. Patient profile dated 9/9/2010
35. Description note dated 3/24/2010
36. Notification of determination by, dated 1/28/2010
37. Letter by PhD, dated 1/15/2010
38. Radiology report by author unknown, dated 1/15/2010
39. Letter by Ph.D, dated 1/15/2010
40. Follow up by MD, dated 1/4/2010 to 9/9/2010
41. Peer to peer by MD, dated 11/26/2007
42. Consult by MD, dated 5/9/2007
43. Radiology report by MD, dated 9/11/2006
44. Procedure note by MD, dated 9/11/2006
45. Procedure note by MD, dated 9/11/2006
46. MRI lumbar spine by MD, dated 6/15/2006
47. MIR of the lumbar spine by MD, dated 6/15/2006
48. MRI of the lumbar spine dated 6/15/2006
49. MRI lumbar spine dated 5/13/2004
50. Lumbar discogram by MD, dated 11/18/2002
51. Lumbar discogram by MD, dated 11/18/2002
52. Lumbar discogram by MD, dated 11/18/2002
53. Lumbar strain by MD, dated 11/30/2000
54. History note dated 11/15/2000
55. Deliver license dated unknown
56. Form by author unknown, dated unknown
57. Notice of independent dated unknown
58. Clinical note by, dated unknown
59. Notice of independent review dated unknown
60. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a injured employee with a date of injury xx/xx/xx when he fell from one step of a ladder onto his tailbone. He complains of back pain. He has undergone chiropractic therapy, facet injections, epidural steroid injections, and multiple medications. An MRI of the lumbar spine 01/15/2010 reveals multi-level degenerative facet changes with 1 - 2mm bulge at L3-L4, a 3mm broad-based disc protrusion at L4-L5, and disc height loss and desiccation at L5-S1 with retrolisthesis. There is a broad based disc protrusion and degenerative facet changes, as well. Lumbar discograms done on 11/18/2002 and 09/11/2006 found concordant pain at L5-S1 with negative controls. A psychological evaluation 01/15/2010 found him to be cleared for surgery with a fair prognosis for pain reduction and functional improvement. The provider recommended an L5-S1 mini 360 degree fusion, 63090, 22558, 22851, 20931, 22612, 63047, 22842, 95920.

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

The L5-S1 mini fusion is medically necessary. The injured employee has undergone a long course of conservative measures for his chronic back pain. He has had two discograms, which have shown the pain to be exclusively at L5-S1. There have been progressive degenerative changes at L5-S1, based on MRIs taken through the past few years. He is cleared psychologically for the procedure. According to the ODG, "Low Back chapter, a fusion can be indicated

Name: Patient_Name

for: "Primary Mechanical Back Pain (i.e., pain aggravated by physical activity)/Functional Spinal Unit Failure/Instability, including one or two level segmental failure with progressive degenerative changes, loss of height, disc loading capability". He, therefore, meets the ODG criteria for a lumbar fusion. The 2 day length of stay (LOS) would be appropriate for this injured employee's condition. The additional information was reviewed and medical necessity has been established. Thus, the recommendation is to overturn the previous denial.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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 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)