

SENT VIA EMAIL OR FAX ON  
Nov/01/2010

## Applied Resolutions LLC

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Oct/28/2010

**IRO CASE #:**

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

Anterior and Posterior Lumbar Fusion to Include CPT code 20031

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

Board Certified Orthopedic Surgeon

**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

MRI Lumbar Spine: 09/29/08, 10/26/09

EMG/NC study: 10/06/08

Dr. – DDE: 05/06/10

Dr. Office Records: 05/11/10, 10/15/10

Dr. Office Records: 08/13/10, 09/23/10

Approval Determination Notice: 08/26/10

Peer Reviews: 08/27/10, 09/18/10

Pre Auth Review Summary: 08/30/10, 09/20/10

Urine Nicotine Metabolite: 09/09/10

Dr.– Impairment/Functional Assessment: 09/13/10

538 pages from 8/21/08 thru 9/24/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male claimant with a reported back injury that occurred while at work on xx/xx/xx when he was working on a pallet jack going up a wet ramp when the jack slipped backwards

forcing him to jump off and fall twisting his back. His diagnosis was lumbar strain/sprain with lumbar intervertebral disc derangement/disorder and lumbar radiculitis. He had undergone a prior L5-S1 laminectomy in junior high school following a football injury with a full recovery. The 10/06/08 EMG/NC study revealed evidence consistent with an acute/early and mild lumbosacral polyradiculopathy involving the left L4 to S1 nerve roots. The 10/26/09 lumbar spine MRI revealed disc pathology at L3-4, L4-5 and L5-S1 levels with a right paracentral subligamentous extension of disc herniation at the L4-5 level along with findings at the L5-S1 level accentuated by anterolisthesis of L5 on S1 and a previous laminectomy at L5-S1. A Designated Doctor's exam completed by Dr. on 05/06/10 revealed the claimant had not reached maximum medical improvement with plans pending for spinal fusion surgery. On 05/11/10, Dr. fitted the claimant with a rigid lumbar support brace to treat the claimant's segmental instability while awaiting authorization for his planned spinal fusion. On 08/13/10, Dr. documented that the claimant had stopped smoking and had no psychological barriers to the lumbar fusion procedure. His reported smoking cessation was confirmed on 09/09/10 by a negative urine nicotine metabolite study. The claimant underwent an evaluation with Dr. on 09/13/10 and it was determined that he had reached statutory maximum medical improvement with a 25 percent whole person impairment rating. Dr. noted the claimant was suffering residuals that may require active intervention, specifically a lumbar fusion for stabilization. Dr. requested reconsideration of the proposed lumbar spinal fusion noting that the claimant met ODG guidelines requirements with extruded discs at L4-5 and L5-S1 levels with compression of both L5 nerve roots and movement on flexion and extension with L5-S1 listhesis. An independent review was requested to determine the medical necessity of the proposed L4-5 and L5-S1 spinal fusion.

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

The request for anterior and posterior fusion to include CPT code 20031 cannot be recommended as medically necessary for this xx-year-old male with a past medical history of an L4-5 and L5-S1 lumbar fusion in junior high school. The claimant continues to have low back and left leg symptoms as a result of a vocational injury that occurred two years ago. Conservative treatment documented as therapy, medication, and epidural injections have not improved the claimant's symptoms. There is documentation to support that the requested surgical levels for this procedure are L4-5 and L5-S1. It would appear that this claimant has pathology at the L4-5 and L5-S1 levels, has exhausted all conservative treatment, has ceased smoking, and the office note dated 08/13/10 by Dr. documents that a psychological evaluation was done, and that there were no obstacles to surgery. However, what is not clear is the surgical request to include CPT code 20031. Unfortunately, CPT code 20031 cannot be identified; and without knowledge of what that coding is representative of, the request for anterior and posterior fusion to include CPT code 20031 cannot be recommended as medically necessary. Therefore, the surgery request without CPT code 20031 is medically necessary, but with CPT code 20031 the request is not medically necessary.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates: Low Back – 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)