

# I-Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/28/2010

**IRO CASE #:**

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

Mini 360 with ALIF L5-S1 with 1 Day LOS

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

M.D., Board Certified Orthopedic Surgeon  
Board Certified Spine 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**

ODG – Patient Selection Criteria for Lumbar Spinal Fusion  
Adverse Determination Letters, 7/20/10, 7/30/10  
Institute 8/7/08 to 8/11/10  
CDI 1/18/10  
Hospital 2/15/08 to 8/7/08  
Medical Center 2/5/08  
COPE 6/21/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a female with a previous history of a lumbar discectomy at L5/S1 with recurrent herniations/protrusion. The patient has had only one previous discectomy, and while there is retrolisthesis seen at L5/S1, there is no evidence in the medical record that this reviewer could discern that would document instability.

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

Based upon the Official Disability Guidelines and Treatment Guidelines, to proceed with such a fusion procedure at L5/S1 would require the patient to have already undergone two previous discectomies or document instability according to AMA Guides. The patient also apparently is a smoker, which is a relative contraindication. The requesting physician has not

explained why there should be a divergence from the ODG Guidelines in this particular case. Therefore, the reviewer finds that there is not medical necessity at this time for Mini 360 with ALIF L5-S1 with 1 Day LOS.

**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: AMA Guides, 5<sup>th</sup> Edition, Page 384)