

Prime 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/13/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar laminectomy, discectomy at L3-4, L5-S1; arthodesis with cages, posterior instrumentation at L3-4 with 2 inpatient days

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

MD, Board Certified Orthopedic Surgeon and 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

, 8/12/10, 8/19/10

8/12/10, 8/19/10

M.D. 1/19/10 to 3/9/10

Imaging 5/28/10

Imaging 7/15/09

Counseling Center 6/2/10

Healthcare Systems 5/16/09 to 1/15/10

Pain Consultants 12/9/09

3/9/10

M.D. 3/9/10

ODG

PATIENT CLINICAL HISTORY SUMMARY

This is a male who back and right leg pain. He was injured on xx/xx/xx. He has undergone conservative treatment for the past year. He has had epidural steroid injections, which apparently did not help. Medication did not help. Physical therapy did not help. He has an MRI scan available, but the report does not indicate significant pathology only a mild disc bulge at L5/S1. Later, repeat MRI scan shows some bulging at L3/L4 but no pathology at L5/S1. There was no significant degenerative disc disease and no evidence of motion segment instability. The requesting surgeon found totally different findings with subluxation at L4/L5, herniation at L5/S1, and apparently instability. However, these findings are at total variance with radiologist's report. The medical record is assumed to be inconsistent in this regard. Furthermore, the patient had a psychologic evaluation, which does not specifically clear the patient as a surgical candidate. At the time of the surgical evaluation, the patient smoked cigarettes.

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

The patient does not meet the criteria for laminectomy/discectomy as outlined in the Official Disability Guidelines and Treatment Guidelines. The requesting surgeon has not explained why the ODG criteria should be set aside in this particular patient's case. The findings of the surgeon and the findings of the radiologist are divergent and this divergence has not been addressed in the records provided for this review. Furthermore, the issue of smoking has not been categorically addressed, and the psychologic evaluation is unclear as to the patient's suitability for surgery. The patient is noted to be morbidly obese and this was apparently the cause of the x-ray's failure to address instability. It is for all of these reasons that the previous adverse determination cannot be overturned in this case. The reviewer finds that medical necessity does not exist for Lumbar laminectomy, discectomy at L3-4, L5-S1; arthodesis with cages, posterior instrumentation at L3-4 with 2 inpatient days.

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)