

Notice of Independent Review Decision

DATE OF REVIEW: 8/31/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of an ALIF at L5-S1 with 1 day LOS (63090.62, 22558, 22851, 20931, 95920x2, 20926).

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. This reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of an ALIF at L5-S1 with 1 day LOS (63090.62, 22558, 22851, 20931, 95920x2, 20926).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: and

These records consist of the following (duplicate records are only listed from one source):

Records reviewed from: Surgery Scheduling Slip, Injured Worker Info, & Patient Profile – 7/1/10, COPE Report – 7/14/10, Consultation – 7/1/10, Radiology report – 7/1/10; Health Questionnaire – 5/11/10; MD NCS, Electromyography, & Dermatomal Sensory Latency Study reports – 12/15/09; Medical Imaging MRI report – 12/2/09; Clinic & Rehab FCE Report – 11/23/09, 2/4/10, & 5/11/10, Office Note – 7/21/10; DO MMI report & Impairment Rating – 2/18/10; Orthopedics Note – 1/26/10; and, MD note – 6/3/10.
Records reviewed from: Denial letter – 7/22/10 & 8/9/10.

A copy of the ODG was not provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The has documented persistent low back pain with leg radiation associated with having fallen out of a chair as part of a “horseplay” situation with a co-worker (who then fell on her). The 7/14/10 dated psychosocial screen denoted a recent cessation of smoking 7 cigarettes a day for years. Attending Physician records (including from 7/1/10) revealed back pain, leg pain with parasthesias (increased with bowel stress), along with a failure of medications, ESIs and physical therapy. Exam findings revealed 4+ right vs. left motor power, hyperreflexia and decreased right vs. left S1 dermatomal sensation. A central/left-sided HNP with stenosis has been noted on a 12/2/09 dated MRI of the lumbar spine. The Attending Physician indicated

that diagnoses include HNP, stenosis and “vertical instability.” Surgical intervention has been proposed due to non-operative treatment failure. Electrical studies have revealed 12/15/ 09 L5 and s1 radiculopathy.

Denial letters of 7/22/10 and 8/9/10 were reviewed. The rationale included the lack of specific maintenance (or lack thereof) of response to medications, ESIs, and PT, along with the very recent smoking cessation.

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

In addition to the minimal presentation of any physical therapy records, medication, and ESI responses over multiple visits, there has been no reasonable documentation of significant segmental instability (an important guideline-associated criterion for fusion). The flexion-extension films denoted some “vertical” instability. However, a radiologist’s report of anterior-posterior significant instability has not been provided. In addition, the only very recent smoking cessation is also a relative contraindication for the proposed procedure at this time.

Reference: ODGuidelines

Pre-Operative Surgical Indications Recommended: Pre-operative clinical surgical indications for spinal fusion should include all of the following: (1) All pain generators are identified and treated; & (2) All physical medicine and manual therapy interventions are completed; & (3) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or discography & MRI demonstrating disc pathology; & (4) Spine pathology limited to two levels; & (5) Psychosocial screen with confounding issues addressed. (6) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing.

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)