

Notice of Independent Review Decision

DATE OF REVIEW:

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

360 minimally invasive fusion at L4/5 and L5/S1

63090- Removal of vertebral body, 63091-Removal of vertebral body add-on, 22558-Lumbar spine fusion, 22851-Apply spine prosth device, 20931-Sp bone algrf struct add-on, 22612-Lumbar spine fusion, 22614-Spine fusion extra segment, 63047-Removal of spinal lamina, 63048-Remove spinal lamina add-on, 22842-Insert spine fixation device, 20931-SP bone algrft struct add-on, 95920-Intraop nerve test add-on, 22585-Additional spinal fusion.

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

The TMF physician reviewer is a board certified orthopedic surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the 360 minimally invasive fusion at L4/5 and L5/S1

63090- Removal of vertebral body, 63091-Removal of vertebral body add-on, 22558-Lumbar spine fusion, 22851-Apply spine prosth device, 20931-Sp bone algrf struct add-on, 22612-Lumbar spine fusion, 22614-Spine fusion extra segment, 63047-Removal of spinal lamina, 63048-Remove spinal lamina add-on, 22842-Insert spine fixation device, 20931-SP bone algrft struct add-on, 95920-Intraop nerve test add-on, 22585-Additional spinal fusion are medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 01/20/11
- Determination letter from – 01/06/11, 01/13/11
- Surgery Scheduling Slip/Checklist – 12/29/10
- Back Institute Patient Profile – 11/04/10
- Follow up office visit notes by Dr. – 12/29/10
- Consultation by Dr. – 11/04/10
- Report of x-rays of the lumbar spine – 11/04/10
- Procedure note for lumbar discogram by Dr. – 12/22/10
- Report of CT of lumbar spine – 12/22/10
- Follow up office visit notes by Dr. – 10/11/10 to 12/10/10
- Report of MRI of the lumbar spine – 03/05/10
- Report of x-rays of the lumbar spine – 03/09/10
- Consultation by Dr. – 12-06-10
- Initial review by Elite Physicians Ltd. – 01/06/11
- Appeal review by Elite Physicians Ltd – 01/13/10

PATIENT CLINICAL HISTORY [SUMMARY]:

This is an injured worker with a history of a lifting injury to the lumbar spine on xx/xx/xx. She has not returned to work subsequent to this injury and was retired from her employment June of 2006. She has a prior history of other work related injuries resulting in left rotator cuff repair in 2005 and cervical fusion in 1999. She suffers comorbidities of diabetes mellitus, hypertension and obesity. She has tenderness in the lumbar spine, diminished range of lumbar motion and straight leg raising tests are positive. Mild intervertebral disc narrowing has been demonstrated on xrays. Flexion/extension lateral x-rays done on 11/04/10 reveal a grade 1 spondylolisthesis at L4-L5 and no instability was demonstrated. A discogram was performed on 12/22/10 that revealed concordant pain at L4-L5 and L5-S1. A CT scan on 12/23/10 revealed

LHL603 Rev. 03/08

changes compatible with degenerative disc disease at L4-L5 and L5-S1. A psychological evaluation on 12/06/10 did not reveal factors that would be considered a surgical contraindication. She has been treated with medications, physical therapy, activity modification, epidural steroid injections and selective nerve root blocks. A 360 degree lumbar fusion at levels L4-L5 and L5-S1 has been recommended by the current provider.

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

This patient suffered a straining injury to the lumbar spine on xx/xx/xx and she suffers chronic low back pain persistent in spite of appropriate non-operative treatment. Medical documentation indicates that she has met the criteria as published in the ODG, 2011, low back chapter, lumbar spine fusion passage including medications, physical therapy, epidural steroid injections and selective nerve root blocks. She suffers pathology at the L4-L5 and L5-S1 disc levels suggestive of degenerative disc disease. She has concordant pain at these levels on discogram suggesting that these levels would be considered the source of her lumbar pain.

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 KNOWLEDGBASE
- 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)**