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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Laminectomy, discectomy, discography, arthrodesis with cages, posterior instrumentation and implantation of bone growth stimulator at L4-S1 with reduction of spondylolisthesis L5-S1 with 2 day stay using 22899, 63030, 63035, 62290, 69990, 22612, 22614, 99220, 20938, 22842, 22851, 22558, 22585, 20975, 63685, and 22325

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

M.D., Board Certified in Orthopedic Surgery and Board Certified in Spine Surgery

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

Official Disability Guidelines
Group 12/8/10, 12/17/10
M.D., P.A. 9/7/09-8/24/10
Pain Center 9/28/10
Pain Management Clinic 9/16/09-12/23/09
Medical Imaging 3/10/09
Health Center 8/14/09
Dr. MD 5/14/09

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who apparently, according to the medical records, was . A crate was in the middle of the road. She states she hit the guardrail, and she had pain in her low back. She had pain radiating to the left hip and the left leg. There have been various physical examinations with and without neurological deficits, but at the most recent exam apparently she had some radiating left leg pain and has had documentation of a 3-4/5 left extensor hallucis longus. It is stated that she has had physical therapy and basic pain management and is a nonsmoker. Complicating the evaluation is an MRI scan report from a radiologist revealing a disc bulge at L4/L5 of 3 mm with facet arthropathy, an L5/S1 disc desiccation with a 5-mm bulge and facet arthrosis that is said to be, according to the radiologist, a grade one spondylolisthesis at L5/S1. According to the requesting surgeon, the picture is quite different. The requesting surgeon, upon reading the films, found herniated discs at L4/L5 and L5/S1. It is said that there is spondylolisthesis at L5/S1 with a non-contained disc herniation rated as stage III with annular herniation and nuclear extrusion. This reading by this surgeon is in contradiction with the report of the radiologist. At L4/L5 the surgeon notes there is a contained herniation rated as stage II, which also contradicts the

radiologist's report. The surgeon also notes that flexion/extension of the lumbar spine reveals an L5/S1 spondylolisthesis of 18 mm, which is being graded as grade two and nearly grade three, which once again contradicts the radiologist who rates it as grade one. There is also a note that there is an extension angle of 18 degrees, which corrects somewhat in forward flexion. There is another note by the same treating surgeon mentioning that there is spondylolisthesis at 1.6 cm with bone-on-bone spondylosis, which is in contradiction to the radiologist. He also mentions that at L4/L5 there is an extension angle of 17 degrees, a forward flexion angle of 16 degrees for 1-degree change, which is within normal limits. The request for a discogram has previously been denied. The patient has undergone a psychological evaluation, which recommended counseling. This counseling has not been provided according to the records reviewed.

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

Given the fact that there is no documentation of instability and several conflicting interpretations of the imaging studies -- along with the lack of results of counseling -- it is this reviewer's opinion that based upon the medical records, the previous adverse determination cannot be overturned. The requesting surgeon has not explained why there should be a divergence from the ODG other than to say that this patient is not covered by ODG Guidelines because this is an insurance healthcare network case. The fact that the insurance healthcare network may not be mandated to meet ODG Guideline criteria does not negate the utility of the guidelines in evaluating cases however. There are several contradictions between the readings of the surgeon and the radiologist and therefore, the reviewer finds that medical necessity does not exist at this time for Laminectomy, discectomy, discography, arthrodesis with cages, posterior instrumentation and implantation of bone growth stimulator at L4-S1 with reduction of spondylolisthesis L5-S1 with 2 day stay using 22899, 63030, 63035, 62290, 69990, 22612, 22614, 99220, 20938, 22842, 22851, 22558, 22585, 20975, 63685, and 22325.

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)