

Prime 400 LLC

An Independent Review Organization
240 Commercial Street, Suite D
Nevada City, CA 95959
Phone: (530) 554-4970
Fax: (530) 687-9015
Email: manager@prime400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4-L5 L5-S1 decompression, fusion, interbody graft with three day length of stay

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

Official Disability Guidelines
Provider 12/16/10, 1/21/10
Dr report 11/11/10
Clinic report 9/5/10 to 10/5/10
Radiology report 10/12/10
Radiology report 9/7/10
Dr report 1/12/11

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who fell and injured the low back. There has been some conservative care including physical therapy. The treating physician states that the patient has disabling pain radiating to the right buttock and that there is a bulging L5/S1 disc. It is stated there are bilateral pars fractures with grade 2 spondylolisthesis of L5 on S1, and a diagnosis of acquired spondylolisthesis is made. There are degenerative changes above the spondylolisthesis, and the request for two-level fusion has been submitted.

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

Based upon the radiologist's reports, there is an isthmic spondylolisthesis with classic hypertrophy related to the pseudoarthrosis, and there is, indeed, a grade 2 spondylolisthesis. There is no evidence of an acute fracture as the treating physician has suggested based

upon the MRI scan. There has been no attempt that this reviewer could find to determine if there was any instability associated with this spondylolisthesis or whether it was fixed. A psychological assessment is absent. Due to the absence of these additional findings, it was impossible to overturn the previous adverse determination, as there is no acute fracture of the L5 pars defect and no obvious significant neurological deficits. In the absence of psychological screening and an indication of significant instability, this patient does not meet the Official Disability Guidelines and Treatment Guidelines. It is for this reason, given the failure of the treating physician to explain why these guidelines should be set aside, this reviewer was not able to overturn the previous adverse determination. At this time, the reviewer finds there is not medical necessity for L4-L5 L5-S1 decompression, fusion, interbody graft with three day length of stay.

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)