

Notice of Independent Review Decision

**REVIEWER'S REPORT**

DATE OF REVIEW: 01/06/11

IRO CASE #:

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Anterior lumbar spine fusion @ L4-S1, posterior lumbar spine fusion & decompression @ L2-S1, instrumentation, lumbar osteotomy, inpatient hospitalization 3-4 days.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering acute and chronic spine problems

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	Service Being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim #	Upheld Overturn
726.12	00000		Prospective						Upheld
726.12	00000		Prospective						Upheld
726.12	00000		Prospective						Upheld
726.12	00000		Prospective						Upheld
726.12	99221		Prospective						Upheld

**INFORMATION PROVIDED FOR REVIEW:**

1. Independent Review Incorporated forms and memos
2. TDI referral forms
3. Letters of denial, 10/12/10 and 11/02/10, including criteria used for denial
4. IRO case summary, 12/21/10
5. Orthopedic evaluations and follow up, multiple entries between 03/26/09 and 05/17/10
6. Spine surgeon evaluations and follow up, multiple entries, 08/12/10 through 10/20/10
7. Peer Review evaluation, 08/30/10

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The injured employee is a female with an extensive past history of spine problems. She has a past history of thoracolumbar scoliosis for which she underwent scoliosis surgery and had her Harrington rod instrumentation subsequently removed. Her scoliosis surgery was completed to the level of L3. Her past history includes a decompressive laminectomy, which was performed in xx/xx through the level S1. On xx/xx/xx the injured employee suffered a positional injury to her spine when she bent over to pick up a bag of Cracker Jacks. She has been evaluated by a number of spine surgeons, and an extensive revision of her lumbar spine fusion has been recommended. Essentially the patient suffers a flat back syndrome, which is the consequence of the Harrington rod scoliosis surgery performed many years ago. An extensive fusion and revision including anterior spine fusion, posterior spine

fusion, and osteotomy in an effort to correct the flat back syndrome has been recommended. The recommendation has been considered and denied, reconsidered and denied. The patient is now appealing those denials.

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

The positional injury which occurred when this patient bent forward to pick up a package of Cracker Jacks did not produce structural change or neurological problems. She has no neurological manifestations of injury. The patient suffers no neurological change as a result of the bending forward. Her only symptom is pain. Pain is a difficult symptom to eliminate with a major surgery. The risk of major complications is very high. The prior denials of the request to perform the procedures in dispute should be upheld

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description).