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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/30/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4-5 and L5-S1 lumbar laminectomy with fusion and instrumentation and one day length of stay

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

MD, Board Certified Neurosurgeon

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

9/30/10, 11/18/10

M.D. 6/25/04 to 09/23/10

Hospital 3/21/06 to 7/13/10

Additional Carrier Records Available 245 pages dated 1998 to 2010

PATIENT CLINICAL HISTORY SUMMARY

This is a male with a date of injury xx/xx/xx. He complains of low back pain with radiating bilateral hip and leg pain. He has undergone ESIs and pain medications. He has had prior lumbar surgery. His neurological examination 09/23/2010 reveals bilateral positive straight-leg raising. There is decreased sensation in the bilateral L5 and S1 dermatomes. He has a little difficulty toe and heel standing. An MRI of the lumbar spine 04/24/2009 shows at L4-L5: disc space narrowing and desiccation with bilateral posterior facet hypertrophy and ligamentum flavum hypertrophy. There is very mild bilateral neuroforaminal stenosis. At L5-S1 there is a posteromedian disc bulge with bilateral posterior facet hypertrophy and ligamentum flavum hypertrophy with mild bilateral neuroforaminal stenosis at L5-S1. Plain films of the lumbar spine with flexion and extension 04/24/2009 show no abnormal movement. A CT myelogram 04/20/2010 reveals at L3-L4 mild broad-based bulging of the disc with mild encroachment upon the anterior dural sac. At L4-L5 there is mild encroachment of the neuroforamina and anterior aspect of the thecal sac. At L5-S1 there is mild to moderate central bulging of the disc noted causing mild to moderate encroachment upon the anterior aspect of the dural sac. Bilateral pars defects are present, with no

subluxation at L5-S1. There are mild degenerative changes of the facet joints at this level, as well. Plain films of the lumbar spine dated 04/24/2009 reveal bilateral pars defects at L5. The provider is requesting an L4-L5, L5-S1 laminectomy with fusion, instrumentation, and a one-day length of stay.

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

The proposed surgery to include L4-5 and L5-S1 lumbar laminectomy with fusion and instrumentation and one day length of stay is not medically necessary. There is no evidence of significant neural compression or gross instability; the surgery is being performed primarily because of pain. According to the ODG, "Low Back" chapter, "All physical medicine and manual therapy interventions" should be "completed" prior to a lumbar fusion. It is not clear that the claimant has undergone any recent manual therapies, such as physical therapy or chiropractic therapy.

Also, according to the ODG, prior to a lumbar fusion, a "Psychosocial screen with confounding issues addressed" should be completed. There is not evidence that this has been done. The claimant does have two-level degenerative disc disease. However, all conservative measures should be exhausted and a psychological evaluation be obtained prior to meeting ODG criteria for a lumbar fusion.

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)