



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision
CORRECTED REPORT
 Corrected CPT Code 99256 to 99356

REVIEWER'S REPORT

DATE OF REVIEW: 07/09/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral decompression laminectomy, L4/L5, recess stenosis decompression, bilateral posterior lateral fusion, L4 through S1, bilateral possible interbody fusion, L4/L5 (63047, 22630, 22612, and 22614), inpatient length of stay, three days, and surgical assistant

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patient suffering chronic low back pain 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
722.10	63047		Prosp.	1					Upheld
722.10	22630		Prosp.	1					Upheld
722.10	22612		Prosp.	1					Upheld
722.10	22614		Prosp.	1					Upheld
722.10	20936		Prosp.	1					Upheld
722.10	99356		Prosp.	3					Upheld

INFORMATION PROVIDED FOR REVIEW:

1. Independent Review Incorporated forms
2. Certificate of independence of the reviewer
3. TDI case assignment forms
4. Letters of denial, 05/04/11, 05/20/11, and 06/22/09, with criteria used for the denial
5. Case Summary Report, 05/04/11
6. IRO decisions, 04/20/10, with amended decision, 05/05/10
7. Designated Doctor Evaluation, 10/05/10
8. EMG/nerve conduction study, 11/09/04, 11/29/06, and 01/16/08
9. Operative reports, 11/17/05, 02/15/07, 01/08/09, and 04/08/11
10. Radiology reports, 06/08/05 and 04/08/11

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11. Peer Review report, 09/24/07
12. Follow-up clinical notes, multiple entries between 04/27/05 and 04/13/11

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who suffered a cervical and lumbar strain and positional strain injury on xx/xx/xx while performing tasks required to complete. He has undergone cervical surgery including a two-level anterior cervical discectomy and fusion as well as carpal tunnel release. He has chronic low back pain and intermittent extremity pain. Radiographic interpretation yields diagnosis of ankylosing spondylitis. He has undergone MRI scan of the lumbar spine yielding a diagnosis of protruded broad-based discs at L4/L5 and L5/S1 associated with degenerative disc disease with mild lateral recess stenosis at L4/L5 and L5/S1. Physical examination fails to reveal evidence of neurological defects in the lower extremities which would permit the diagnosis of radiculopathy. There is no radiographic evidence of instability. The current request to preauthorize decompression laminectomy at L4/L5 with recess stenosis decompression and posterior lateral fusion at L4 through S1 with possible interbody fusion at L4/L5 has been considered and denied; it was reconsidered and denied.

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

The patient suffers chronic low back pain likely as a result of lumbar spondylosis and degenerative disc disease. Physical findings do not include elements which would allow for the conclusion of lumbar radiculopathy. Radiographic studies have concluded the patient suffers degenerative disc disease with some mild recess stenosis. Lumbar myelogram and CT follow-through did not conclude that fragments of herniated nucleus pulposus were specifically compressing nerve roots. As such, decompression and extensive fusion is not likely to produce symptomatic relief. It would appear that prior denials were appropriate and should be upheld.

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

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPH-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.)