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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jul/13/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4-5 transforaminal lumbar interbody fusion and two day inpatient stay for TLIF

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

M.D. Board Certified Orthopedic 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

PATIENT CLINICAL HISTORY SUMMARY

This is a xx year-old male claimant who was reportedly injured on xx/xx/xx when he was stuck in quicksand and had to be pulled out by a harness. Lumbar spine x-rays taken on 09/24/10 showed no evidence of fracture, spondylosis or spondylolisthesis. A physician record dated 10/11/10 noted the claimant's pattern of symptoms not better with pain right lumbar. The impression was lumbar strain, lumbosacral strain and sacroiliac strain. The claimant was advised to continue conservative care, which included medications previously prescribed, additional physical therapy with continuation of home exercise and continued modified duty.

A lumbar MRI followed on 10/27/10 which showed a grade I anterolisthesis of L4 on L5 with moderate spinal stenosis and moderate narrowing of the neural foramina bilaterally, no significant spinal canal or neural foramina narrowing at the remaining levels and facet arthropathy. An orthopedic physician record dated 11/18/10 noted the claimant with persistent back pain. X-rays on this visit revealed 4 millimeter spondylolisthesis at the L4-5 segment with mild spondylolisthesis at L5-S1. Follow up physician records of 12/20/10 noted the claimant seen for back and neck pain. It was noted that the claimant has previously been diagnosed with a broad based bulge at the L4-5 segment with a spondylolisthesis at the segment as well as stenosis.

A 02/03/11 physician record noted the claimant with low back pain along with neck and shoulder pain. A review of lumbar flexion/extension films noted spondylolisthesis at L4-5 on flexion that measured approximately 4-5 millimeters and was associated with some segmental kyphosis and corrected itself completely on extension. Lumbar spine instability with stenosis L4-5 was diagnosed. Treatment options were discussed. A posterior lumbar interbody fusion L4-5 with instrumentation and decompression was recommended.

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

In this case, it would appear that dynamic instability has been suggested by the treating physician. However, there are no radiology reports to confirm measured instability. If radiographic reports were made available to confirm the presence of true measurable instability, then guidelines could be satisfied. Absent, I would agree with previous determinations in this case that the guidelines are not supported for medical necessity of L4-5 transforaminal lumbar interbody fusion and two day inpatient stay for TLIF based on information provided.

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates Low back:

Lumbar fusion

Not recommended for patients who have less than six months of failed conservative care unless there is severe structural instability and or acute or progressive neurologic dysfunction, but recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria outlined in the section below entitled,

Patient Selection Criteria for Lumbar Spinal Fusion

For chronic low back problems, fusion should not be considered within the first 6 months of symptoms, except for fracture, dislocation or progressive neurologic loss

Indications for spinal fusion may include:

(1) Neural Arch Defect - Spondylolytic spondylolisthesis, congenital unilateral neural arch hypoplasia.

(2) Segmental Instability - Excessive motion, as in degenerative spondylolisthesis, surgically induced segmental instability and mechanical intervertebral collapse of the motion segment and advanced degenerative changes after surgical discectomy

(3) Primary Mechanical Back Pain/Functional Spinal Unit Failure, including one or two level segmental failure with progressive degenerative changes, loss of height, disc loading capability, with and without neurogenic compromise. In cases of workers' compensation, patient outcomes related to fusion may have other confounding variables that may affect overall success of the procedure, which should be considered.

(4) Revision Surgery for failed previous operation(s) if significant functional gains are anticipated. Revision surgery for purposes of pain relief must be approached with extreme caution due to the less than 50% success rate reported in medical literature.

(5) Infection, Tumor, or Deformity of the lumbosacral spine that cause intractable pain, neurological deficit and/or functional disability Surgical indications:

(1) All pain generators are identified and treated

(2) All physical medicine and manual therapy interventions are completed;

(3) X-ray demonstrating spinal instability and/or MRI, Myelogram or CT discography demonstrating disc pathology;

(4) Spine pathology limited to two levels; &

(5) Psychosocial screen with confounding issues addressed.

(6) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing

ODG hospital length of stay (LOS) guidelines

Lumbar Fusion, posterior (icd 81.08 - Lumbar and lumbosacral fusion, posterior technique

Best practice target (no complications) -- 3 day

Lumbar Fusion, anterior (icd 81.06 - Lumbar and lumbosacral fusion, anterior technique
Best practice target (no complications) -- 3 day
Lumbar Fusion, lateral (icd 81.07 - Lumbar fusion, lateral transverse process technique
Best practice target (no complications) -- 3 day

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)