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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jul/22/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar interbody fusion at L3-4 and L4-5 with five day inpatient stay

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 male with a date of injury of xx/xx/xx. The claimant was status post 12/14/10 status post lumbar laminectomy L4-5, discectomy, medial facetectomy and foraminotomy L4-5. The electromyography from 03/29/11 was reportedly normal. Dr. has followed the claimant since April. Dr. stated that the claimant has failed physical therapy, home exercise program, medication, chiropractic and injection. On 04/20/11, Dr. stated that the claimant probably had a facet fracture off the right of L4-5. Dr. stated the MRI from 04/25/11 showed degenerative changes not pronounced at L4-5, mild changes at 3-4, neural foraminal narrowing and minimally at those levels. Dr. stated 5-1 showed minimal degenerative changes, left paracentral protrusion at 4-5 and 3-4. Dr. felt that the CT showed underfilling of the 4 nerve root to the right and post CT showed broad based diffuse disc bulge at 3-4 greater to the left than right, post bulging L4-5 to the left and right with congenitally narrow canal and a question of a facet fracture. On 05/03/11, a psychological summary stated that the claimant was not judged to be at any risk for suicide at the time of the clinical review. Dr. saw the claimant on 05/13/11 and stated the psychologist cleared the claimant for surgery. The claimant had paresthesias in the right L4-5 distribution, bilateral positive straight leg raises

and reflexes were 2. Dr. has recommended lumbar fusion at L3-4 and L4-5 with five day inpatient stay.

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

This is a male who has had a previous right L4-L5 lumbar decompression and disc excision xx/xx/xx. He has had ongoing back and leg complaints and has had a 03/29/11 EMG, which was normal. He has undergone a post operative MRI testing 04/25/11, showing degenerative disc changes lower lumbar levels with what may be a recurrent disc abnormality at the L4-L5 level.

He has undergone psychologic screening. In light of his ongoing back and leg complaints his physician has recommended a multi-level fusion with five day inpatient stay. There is no documentation of structural instability at the L3-L4 level and no real clear indication in the medical records as to why the L3-L4 level is being requested. The recommended length of stay is three days, and it is not clear why five days is being requested. Therefore in light of the fact it is not clear why the L3-L4 level is being requested, even though this reviewer understands it appears to be recurrent pathology at the L4-L5 level, and it is not clear why an extra length of stay is being requested, then the surgery and length of stay as a whole are not medically necessary. The requested Lumbar interbody fusion at L3-4 and L4-5 with five day inpatient stay is not medically necessary based on review of this medical record.

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates, chapter low back, lumbar fusion and hospital length of stay, 3 days

Lumbar fusion-

Pre-Operative Surgical Indications Recommended: Pre-operative clinical surgical indications for spinal fusion should include all of the following: (1) All pain generators are identified and treated; & (2) All physical medicine and manual therapy interventions are completed; & (3) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or discography (see discography criteria) & MRI 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. (Colorado, 2001) (BlueCross BlueShield, 2002)

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)