



Notice of

Independent Review Decision

DATE OF REVIEW: 05/24/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L5-S1 Lumbar Laminectomy Disc Arthrodesis w/Cages, Posterior Instrumentation with Two Days Inpatient Stay

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

Board Certified in Neurological Surgery

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

L5-S1 Lumbar Laminectomy Disk Arthrodesis w/Cages, Posterior Instrumentation with Two Days Inpatient Stay – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY (SUMMARY):

The patient was injured on xx/xx/xx, lifting a. He developed back and leg pain, which was rather severe. He had conservative measures of all sorts, including epidural

steroid therapy, medications, and light duty. Studies revealed an L5-S1 herniated disc. He was born on xx/xx/xx and had seen Dr. in, as well as Dr. in, and Dr. in. He had some weakness of the gastrocnemius on the right with right leg pain and mildly decreased sensation in the S1 distribution. An imaging study revealed a foraminal disc at L5-S1. Dr. reviewed his case on January 28th and felt he was not at Maximum Medical Improvement (MMI). EMG and nerve conduction studies that were performed on 04/14/10 were unremarkable. Lumbar spine x-rays did not, in my opinion, show spinal instability.

The patient was seen by Dr. in, who worked him up and reviewed all the studies. Dr. felt that the patient needed a discectomy, as well as a stabilization procedure.

The flexion/extension views showed 2 mm retrolisthesis at L4-L5 becoming neutral with flexion, but no other intersegmental motion was noted.

When last seen by Dr. in of this year, Dr. wanted to do an arthrodesis and discectomy at L5-S1.

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

Based on the records reviewed as summarized above, while it appears that this patient would meet the criteria for a discectomy at right L5-S1, he does NOT meet the ODG criteria for an arthrodesis with cages.

Therefore, the claimant does not meet the criteria of the ODG and cannot be certified for the L5-S1 lumbar laminectomy disc arthrodesis with cages, posterior instrumentation, and a two-day inpatient hospital stay.

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

- 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 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)
- AMA 5TH EDITION