

# Clear Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Apr/19/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

One - two day stay inpatient stay for posterior lumbar interbody fusion

**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**

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male. He complains of low back pain with left leg numbness. He is status post L5-S1 surgery 11/02/2009. He has undergone physical therapy and medications. An examination 10/27/2010 reveals pain on dorsiflexion of the left leg. An MRI of the lumbar spine 01/04/2011 shows at L5-S1 a diffuse disc bulge and mild ligamentum flavum thickening, causing mild narrowing of the spinal canal and bilateral neuroforamina. There is indentation of the thecal sac with mild compression of the bilateral S1 nerve roots. Plain films of the lumbar spine 01/24/2011 reveal normal alignment and preservation of disc space heights. The provider is requesting a two-day inpatient stay for L5-S1 posterior lumbar interbody fusion.

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

The One - two day stay inpatient stay for posterior lumbar interbody fusion is not medically necessary. Firstly, the findings at the intended level of surgery, L5-S1, are characterized as

mild. There are no significant degenerative changes, or spondylolisthesis. Secondly, according to the ODG, "Low Back" chapter, a "psychosocial screen with confounding issues addressed" should be performed prior to a lumbar fusion. There is not evidence that this has been done. The reviewer finds no medical necessity at this time for One - two day stay inpatient stay for posterior lumbar interbody fusion. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

**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)