Notice of Independent Review Decision
IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 05/10/11
IRO CASE #:
DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Two Day Inpatient for Lumbar Spine Transforaminal Lumbar Interbody Fusion (TLIF) at L3-L4 and L4-L5

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Board Certified in Orthopaedic Surgery
Certified in Evaluation of Disability and Impairment Rating -
American Academy of Disability Evaluating Physicians

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.

Two Day Inpatient for Lumbar Spine Transforaminal Lumbar Interbody Fusion (TLIF) at L3-L4 and L4-L5 – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY (SUMMARY):

The patient sustained a work related injury on xx/xx/xx while performing his necessary job responsibilities. He was driving a vehicle and it became stuck in the mud. With his back facing the vehicle, he attempted to lift the vehicle. It suddenly became free and surged forward, causing the patient to fall backwards landing on his tailbone and back. He had been placed on a physical therapy regimen, as well as muscle relaxers. He received several levels of treatment, including x-rays, MRI's, pain injections, surgeries and medication. Despite the treatments, the patient continues to have low back and left lower extremity pain.

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

On 10/06/10, the patient underwent revision laminectomy and foraminotomies at L3-L4 and L4-L5. A repeat MRI demonstrated recurrent/residual disc herniations at both levels, according to Dr., the interpreting radiologist. Dr. advocates for a third decompression secondary to the patient's pain, and he recommends fusion due to the recurrent decompressions. Pre-surgical testing reveals depression and anxiety, "genuinely experiencing psychological distress related to his injury and high pain levels". There is no documentation that the patient has undergone any rehabilitation after his surgeries. Flexion/extension x-rays performed on 08/11/10 document no instability. Therefore, the patient does not meet the ODG criteria for fusion.

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 GUIDES 5TH EDITION**