

C-IRO Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/17/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L5-S1 anterior discectomy, fusion, instrumentation including codes 22558, 22585, 22845, 20936, 22612, 22614, and 22840 with 1 day length of stay

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

M.D., Board Certified Orthopedic Surgeon
Board Certified Spine 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 an injured worker who has had a remote discectomy performed in 2006. The treating physician apparently has recommended a repeat discectomy in the past, which was denied. He has ongoing back pain with radiating left leg pain, documented gastrocnemius weakness, and documented response to left S1 selective nerve root block. He has been cleared psychologically.

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

While this patient clearly has, based on the medical records, left S1 radicular signs and symptoms, he does not meet ODG criteria for a lumbar fusion. He has been cleared psychologically, but there is no evidence in the medical record of any instability that would reach the AMA Guidelines definition of instability, which is mandated in the ODG Treatment

Guidelines as a preoperative screening criteria for spinal fusion. As the surgeon has previously requested, this patient appears to be a repeat laminectomy candidate for the radiculopathy that has been documented on history and physical examination and by selective nerve root sleeve blocks. He has had physical therapy and effective pain management. However, in the absence of documented instability required per ODG, this man at this time, based upon the medical records presented, is not an appropriate candidate for fusion. The reviewer finds no medical necessity for L5-S1 anterior discectomy, fusion, instrumentation including codes 22558, 22585, 22845, 20936, 22612, 22614, and 22840 with 1 day length of stay.

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)