

Notice of Independent Review Decision

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 01/24/12

**IRO CASE #:**

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

Inpatient exploration and revision of fusion at L4-L5 and L5-S1 with extension to L2 with iliac crest with a three-day LOS

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering chronic back problems

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. Certification of independence of the reviewer and TDI case assignment.
2. TDI case assignment.
3. Letters of denial 12/12/11, 12/08/11, 11/16/11, 11/15/11 & 08/03/11, including criteria used in the denial.
4. Correspondence from patient:
  - 12/18/11 to URA
  - 11/24/11 to xxxxx

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- List of physicians seen
- 5. Communication from xxxxx:
  - 05/26/11 letter
  - 08/24/11 email
- 6. Radiology reports:
  - 08/19/10 & 11/17/10
- 7. Electrodiagnostic evaluation 03/04/11.
- 8. Treating doctor's evaluations and follow up: 03/25/10 – 11/07/11.
- 9. Neurological surgeon's evaluation 06/16/11, and letter 08/09/11.
- 10. Report of Medical Evaluation 08/15/11.
- 11. xxxx evaluation and follow up 09/09/08 – 05/27/11.
- 12. Podiatric progress note 09/28/09, operative report 12/08/09 & undated correspondence to xxx.
- 13. xxxxx peer review 01/08/10 w/01/28/11 addendum.
- 14. Pathology reports 05/13/10 & 10/28/10.
- 15. Psychological initial evaluation 09/07/11 & evaluation 10/10/11; and, psychosocial evaluation 02/03/09.
- 16. Pain assessment questionnaire 11/13/08, and pain management note 06/14/11.
- 17. Operative report 07/11/96 and radiology report 12/02/05.
- 18. Nurse practitioner office visits and follow up 01/13/09 thru 06/10/10,
- 19. Request to change treating doctors 02/13/07, and work status reports 12/11/08 – 06/25/09.

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
722.83	22830		Prosp.						Upheld
722.83	22842		Prosp.						Upheld
722.83	22612		Prosp.						Upheld
722.83	22614		Prosp.						Upheld
722.83	22630		Prosp.						Upheld
722.83	20930		Prosp.						Upheld
722.83	20936		Prosp.						Upheld
722.83	99070		Prosp.						Upheld

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The claimant is a male who suffered a straining injury to his lumbar spine on xx/xx/xx. He underwent lumbar decompression and fusion from L4 to S1 in July of 1996. He was able to return to work for a prolonged period of time from 1998 through 2000, suffering back and leg pain. He has been evaluated on a number of occasions by a number of physicians. He stands xxx" and weighs xxxx pounds. He has documentation of peripheral neuropathy with abnormal electrodiagnostic studies in both the upper extremities and lower extremities. He has toe

abnormalities with the production of dystrophic ulcerations, which have required surgical attention. He has had psychological evaluations, which have revealed chronic anxiety and major depressive disorder. Most recently, he has documentation of failure of the fusion performed in July of 1996. He has loosening of the internal fixation hardware. He had an implanted bone growth stimulator, which was surgically removed. Unfortunately, he now has non-union from L4 through S1, and, in addition, suffers adjacent degenerative disease from L2-L3 and L3-L4 with spondylolisthesis. A recommendation has been made to re-explore the fusion site and to extend the fusion to L2 utilizing iliac crest bone graft. This recommendation was considered and denied; it was reconsidered and denied.

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

This claimant suffers what now appears to be failed back syndrome. He has pseudoarthrosis of the L4-L5 and L5-S1 levels. He has loosened internal fixation hardware, and he has adjacent level disease with what is likely instability. Unfortunately, he is also a heavy individual with a BMI of 34.9. While the recommendation to re-explore the prior fusion and extend the lumbar fusion to the level of L2 is attractive on the basis of pathology alone, it is not clear that even with a successful such operation that symptoms of back pain and leg pain would be significantly improved. The ODG 2012 low back chapter does not support lumbar fusion more than two levels. The prior denial and reconsideration denial appear to be appropriate and should be upheld.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).

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\_\_\_\_\_ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)