

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/05/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

360 Fusion L5-S1 Bilateral Laminectomy and Facetectomy with co-surgeon Make Hoyle, MD/ surgical assistant Rajean R. Moseley-La Rue PAC with unspecified length of stay using CPT codes 22558, 22612, 22840, 22851, 63047, and 20930

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

M.D., Board Certified Orthopedic Spine Surgeon, Practicing 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

Official Disability Guidelines, Selection criteria for lumbar spinal fusion
Notification of determination 11/09/11
Appeal review determination 12/07/11
Preauthorization request 11/04/11
Letter of reconsideration 11/16/11
Referral form 12/16/11
Office notes Dr. 10/07/11 and 12/16/11
MRI lumbar spine 02/02/11
Presurgical behavioral medicine consultation 10/28/11
Progress notes Dr. 06/01/11 and 09/14/11
Physical therapy daily treatment notes 03/18/11-04/06/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female whose date of injury is xx/xx/xx. She injured her low back when she was picking up a case of 1 Liter drinks and felt pain in her low back. MRI of lumbar spine performed on 02/02/11 revealed no acute fracture or malalignment without significant spinal stenosis or high-grade neural foraminal stenosis. There was no evidence of epidural hematoma or cord impingement. There was moderate to severe degenerative disc disease at L5-S1 with small posterior disc bulge of midline, with small annular tear at posterior margin of disc but no extruded disc material and no significant narrowing of central canal. There is moderate narrowing of right neural foramen at L5-S1 due primarily to bony osteophytic formation at disc margin and from articulating facet. The claimant was treated with medications, physical therapy, and work restrictions. She also underwent facet injections. Dr. saw the patient in consultation on 10/07/11 with chief complaint of low back pain. She

also reported left hip pain and sometimes right side hurts also. Physical examination reported the claimant to be 62 inches tall and 155 lbs. Gait was normal. There was mild tenderness of lower lumbar spine. Range of motion was decreased and / or painful. Motor strength was 5/5 throughout, except 4/5 bilateral EHL. Sensation was normal. Straight leg raise was positive bilaterally. The claimant was recommended to undergo L5-S1 anterior / posterior fusion with bilateral laminectomy and facetectomies.

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

This woman sustained a lifting injury to her low back on xx/xx/xx. MRI of the lumbar spine revealed moderate to severe degenerative disc disease at L5-S1 with small posterior disc bulge and small annular tear at the posterior margin of the disc, but no extruded disc material and no significant narrowing of the central canal. There was moderate narrowing of the right neural foramen at L5-S1 due primarily to bony osteophytic formation and from the articulating facet. There was mild to moderate narrowing present on the left. Claimant was treated conservatively with medications, therapy, activity modification and facet injections without significant improvement. She had intact reflexes, and sensation was normal throughout. Motor strength was 5/5 except 4/5 bilateral EHL. She underwent pre-surgical psychological evaluation and was determined to be emotionally and psychologically cleared for surgery. The requesting provider noted that with the amount of disc space collapse at the L5-S1 level, and the claimant's bilateral radicular symptoms related to foraminal stenosis and facet hypertrophy, facetectomies are required which would destabilize the spine and require fusion. Noting that the claimant has objective findings on MRI demonstrating vertical collapse, and noting clinical examination findings to include significant foraminal narrowing, EHL weakness and further noting that the claimant has failed to respond to conservative care, the reviewer finds that 360 Fusion L5-S1 Bilateral Laminectomy and Facetectomy with co-surgeon Make Hoyle, MD/ surgical assistant Rajean R. Moseley-La Rue PAC with unspecified length of stay using CPT codes 22558, 22612, 22840, 22851, 63047, and 20930 is medically indicated and necessary for this patient.

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)