



**Notice of Independent Review Decision - WC**

**DATE OF REVIEW:** 06/08/12

**IRO CASE #:**

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

Arthrodesis, Anterior, for spinal deformity, with or without cast, 2 to 3 vertebral segments

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

Board Certified in Orthopedic Surgery

**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.

Arthrodesis, Anterior, for spinal deformity, with or without cast, 2 to 3 vertebral segments - Upheld

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Office Visit Report, M.D., 05/31/11, 02/14/12, 04/16/12
- MRI, Lumbar Spine, without contrast, The MRI Center, M.D., 06/14/11
- Follow up visits, Dr., 06/15/11,
- NC-stat onCall Report, Medical Clinic, Unknown Physician, 06/23/11
- Office Visit, Regional Physician Group, M.D., 07/19/11, 10/11/11, 11/30/11, 01/24/12
- Operative Report, Regional, Dr., 07/25/11
- X-rays, Lumbar Spine, 2 views, Regional, RPA, Dr., 09/09/11, 11/30/11
- MRI, Lumbar Spine, The MRI Center, M.D., 09/21/11
- Pre-Cert Peer Review Report, Solutions, M.D., 01/26/12, 05/16/12
- Surgery candidacy statement, Mental Health, Ph.D., 02/20/12
- Designated Doctor Evaluation (DDE), M.D., 03/21/12
- Pre-Cert Peer Review Report, Solutions, M.D., 04/20/12
- Non-certification, 04/24/12
- Reconsideration Receipt, 05/16/12
- Non-certification, 05/18/12

## **PATIENT CLINICAL SUMMARY:**

The patient was working for a construction company on xx/xx/xx when he injured his low back while lifting a water heater. CT scan showed a protusion at L5-S1. MRI showed extruded fragment at L5-S1 on the right. A discectomy was performed at this level on 07/21/11. X-rays on 11/30/11 showed mild dextroconvex scoliosis of the mid-lumbar spine, mild to moderate degenerative changes at L5-S1, spinal bifida occulata at L5. He was placed at clinical MMI as of 11/30/11 with a 0% impairment by Dr. on 03/21/12. Records indicate current medications may include Prozac 20 mg., methocarbamol 250 mg., Norflex 100 mg., tramadol 50 mg., and ibuprofen. He has not returned to work since the date of injury. Dr. diagnosed the patient with herniated nucleus pulposus at L5-S1 with right L5-S1 radiculopathy on 04/16/12 and recommended fusion.

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

The requested surgical procedure is not medically necessary as the medical records do not document findings compatible with the ODG criteria for lumbar fusion in that there is not a neural-arch defect with a spondylolisthesis, there is no instability of the lumbar spine documented, and this is not after a third discectomy. Therefore, the request does not meet any ODG primary indications for lumbar fusion at this time.

## **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE  
IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT  
GUIDELINES**