



Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 03/15/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Anterior Lumbar Interbody Fusion Internal Fixation: 22558, 22851, 22845

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.

Anterior Lumbar Interbody Fusion Internal Fixation: 22558, 22851, 22845 – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Progress Report, Physical Therapy Center, 10/27/94, 01/23/95
- Neurology Consultation, M.D., 12/01/94
- Thoracic Spine MRI, Radiological Association, 12/04/94
- Progress Report, Dr., 12/05/94, 12/09/94, 12/27/94, 01/27/98, 02/28/95
- Correspondence, Physical Therapy Center, 12/09/94, 12/30/94

- Neurological Consultation, M.D., 12/30/94
- Specific and Subsequent Medical Report, Unknown Provider, 01/04/95, 05/08/95
- Neurological Narrative Summary, M.D., 04/27/95
- Initial Consult, D.O., 06/01/95
- Progress Note, Dr., 06/15/95, 07/17/95, 08/10/95, 08/31/95, 09/21/95, 10/20/95, 11/02/95, 11/20/95, 12/13/95, 01/10/96, 02/27/96, 02/12/96, 04/01/96, 07/09/96, 07/25/96, 08/15/96, 08/30/96, 09/03/96, 09/25/96, 01/03/97, 12/18/03, 03/18/04, 12/27/04, 05/12/05, 09/12/05, 10/03/05, 11/02/05, 02/05/07, 03/04/07, 08/02/07, 10/31/07, 03/20/08, 07/17/08, 11/14/08, 03/27/09, 07/30/09, 11/30/09, 03/30/10, 07/27/10, 11/29/10, 12/30/10, 04/05/11, 04/15/11, 05/03/11, 07/07/11, 09/02/11
- Operative Report, Dr., 07/05/95, 10/10/95, 10/16/95, 11/07/95, 11/22/95, 03/13/96, 08/05/96, 08/21/96, 09/11/96
- Comprehensive Patient Care Plan, 07/25/95
- Independent Medical Examination, M.D., 08/30/95
- MRI of the Lumbar Spine, M.D., 08/30/96
- Initial Medical Evaluation, M.D., 10/03/96
- Medical Examination, M.D., 10/26/96
- Follow Up Evaluation, Dr., 12/23/96, 11/03/11, 12/30/11, 01/18/12, 02/03/12
- Records Review, M.D., 01/17/04, 06/27/05, 07/17/06
- IME, M.D., 04/14/04
- Comprehensive Medical Analysis, 01/22/04, 06/27/05, 07/17/06
- Peer Review, M.D., Peer Review, 11/05/07
- Lumbar Spine MRI, Radiological Association, 04/29/11
- Rx Results Report, Ameritox, 09/08/11
- Required Medical Examination (RME), M.D., 09/08/11
- Correspondence, Dr., 12/07/11
- Lumbar Myelography/CT Lumbar Spine with Myelogram, Radiological Association, 12/29/11
- Surgical Pre-Authorization Request, Spine Institute, Undated
- Denial Letters, Coventry, 01/17/12, 02/08/12
- Carrier Submission Letter, Law Offices 03/01/12
- The ODG Guidelines were provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient strained his back while emptying a grass catcher. He went through physical therapy and conservative treatment, but kept getting worse instead of better. He underwent injections and an anterior fusion with bone grafting from the left hip. The fusion helped for about two years and then progress backed to pre-fusion pain levels. He did undergo a spinal cord stimulator trial, which did not help. The patient continued with severe back, buttock and thigh pain, with the left being greater than the right. Due to the MRI showing a spondylolisthesis and foraminal lateral gutter stenosis, a fusion was recommended.

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

The patient has minor degenerative changes below the prior fusion. These findings are present in both asymptomatic and symptomatic individuals. The current medical literature indicates that these degenerative changes are not highly correlated with pain. Therefore the assumption that L5-S1 is the pain generator is not borne out by contemporary medical literature. The ODG requires that the pain generator be identified.

The patient does not have instability as defined by the ODG or by classic techniques. Retrolisthesis is caused by the settling of the degenerative level, and there are no x-rays that demonstrate instability. The patient has not had prior surgery at that level, and has no evidence of tumor, fracture or infection. Therefore the patient's condition does not meet the criteria from the ODG.

The patient has not undergone appropriate pre-surgical psychological screening to determine that he is an appropriate candidate for fusion.

Based upon the above the patient is not a candidate for surgery as he does not meet many of the criteria specified by the ODG.

Therefore, the requested procedure is not considered reasonable and necessary, and the prior denials upheld.

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**