

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 04/23/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

3 Day LOS. Anterior & Posterior Spinal Fusion With Instrumentation & Decompression L4-S1

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

The TMF physician reviewer is board certified in orthopedic surgery with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the 3 Day LOS. Anterior & Posterior Spinal Fusion With Instrumentation & Decompression L4-S1 is not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 04/13/12
- Utilization Review Determination Letter from Inc. – 03/29/12
- Reconsideration/Appeal of Adverse Determination Letter from Inc. – 04/06/12
- Follow Up Evaluation from Dr. – 01/26/12 to 04/11/12
- Psychosocial Assessment from – 03/08/12
- New Patient Evaluation by Dr. – 11/09/11
- Follow Up Evaluation from Dr. – 01/25/12
- Report of lumbar discogram – 01/19/12
- Report of status post discogram CT scan – 01/19/12
- Chiropractic Case Review by Dr. – 10/24/11
- Office visit notes by Dr. – 10/18/11
- Report of nerve conduction study – 07/18/11
- Report of MRI of the lumbar spine – 04/14/09, 02/09/11
- Report of x-rays of the spine from Hospital – 04/08/10
- New Patient Evaluation by Dr. – 11/09/11
- New Patient Evaluation by Orthopaedic Associates – 01/26/11
- Discharge Summary from Hospital 02/16/12
- Part of Emergency Department record from Hospital – 02/13/12
- History and Physical from Hospital – 02/13/12
- Portions of hospital record from Hospital for an inpatient admission of 02/13/12
- Operative Report by Dr. – 04/02/12

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker gives a history of having pain in his back from an injury, which he related to his on the job injury on xx/xx/xx. He was working in when he was sitting in a chair and the chair collapsed. The patient has had back pain since that time and has been treated with chiropractic care, physical therapy, epidural steroid injection, and oral medications to included hydrocodone. The patient how has been recommended to have a spinal fusion of L4-L5 and L5-S1 with a length of stay of three days.

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

The medical record documentation indicates that this patient had an MRI of his back that revealed degenerative discs at L3-4, L4-5 and L5-S1. Diskograms show evidence of symptomatology, which are all the same when doing diskograms at L3-4, L4-5 and L5-S1. The patient has not demonstrated areas of instability in the lower back and no evidence of spondylolisthesis nor any slip.

The patient has complaints of back pain with on occasional leg pain. There is no documentation of any atrophy in his lower extremities. The patient's EMG does show some mild radiculopathy in the bilateral lower extremities. The patient has had a two and a half year treatment of his back pain, but his studies were inconclusive. According to the ODG, there has to be demonstration of instability and radiculopathy with signs of atrophy before a fusion is recommended. This patient has no signs of any atrophy on his leg. He has no signs of instability and has a three level involvement. The discogram at the L2-3 level and L3-4 levels gives the same results as the one of the L3-4, L4-5 and L5-S1. Therefore, fusion at the two levels would not solve the L3-4 level. Since he has no instability as one of the requirements for the recommendation of fusion, the patient does not meet the criteria. In addition, he does not have any signs of atrophy in his lower extremities to indicate loss of muscle due to compression. He also has inconclusive discogram results which indicate that he has disease at the L3-4 level and fusion at the two proposed levels would increase the symptomatology at the level above.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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 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)