

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 04/28/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar right L5/S1 facetectomy, left discectomy, TLIF, and inpatient x three days

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

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

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)

<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>
722.1	22630		Prosp.						Upheld
722.1	63030		Prosp.						Upheld
722.1	22851		Prosp.						Upheld
722.1	22840		Prosp.						Upheld
722.1	20930		Prosp.						Upheld
722.1	69990		Prosp.						Upheld
722.1	38220		Prosp.						Upheld

INFORMATION PROVIDED FOR REVIEW:

1. Certification of independence of the reviewer and TDI case assignment.
2. TDI case assignment.
3. Letters of denial 04/12/12 & 04/28/12, including criteria used in the denial.
4. Communication from URA/Carrier: 03/02, 03/14, 03/23, 03/26, 04/05 and 04/16/2012.
5. H&P and referral 07/13/11 & 07/26/11.
6. H&P 01/31/12.
7. Radiology reports: MRI 06/21/11 & 07/07/11, CT 02/27/12, 3 views of L/S spine 03/13/12.
8. EMG 12/15/11.
9. Correspondence from treating doctor 03/21/12.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who suffered an injury to his lumbar spine when he fell from a dump truck on xx/xx/xx. He has had low back pain and right leg pain complaints of pain without confirmatory neurological findings. He has been treated with medications including muscle relaxant medication, non-steroidal anti-inflammatory medications, and epidural steroid injections without significant benefit. He has degenerative disc disease at lower lumbar levels and facet arthropathy. Neural foraminal narrowing is documented. However, there is no evidence of neurological or nerve root compressive compromise. Prior requests to approve L5/S1 facetectomy, discectomy, and lumbar interbody fusion with a three-day length of stay as an acute hospital patient have been denied.

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

Documentation of the non-operative treatment is not complete. There is no documentation of neurological compromise. Tension signs are not documented, and while there may be degenerative disc disease at multiple levels, L5/S1 facetectomy, discectomy, and interbody fusion does not appear to be medically necessary and appropriate at this time.

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.
- AHCPH-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.

INDEPENDENT REVIEW INCORPORATED

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