Notice of Independent Review Decision - WC

IRO REVIEWER REPORT – WC

DATE OF REVIEW:

02/04/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Surgery 22558-62, 22845, 22851, 22612-59, 22842-59

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.

Lumbar Surgery 22558-62, 22845, 22851, 22612-59, 22842-59 – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Lumbar Spine MRI, Ada Open MRI, 10/11/11
- Office Notes, 11/01/11, 01/31/12, 10/09/12
- Prescription, 11/01/11
- ESI Request, 11/02/11
- Patient Medical History, 11/13/11

- Consult Note, 11/14/11
- History and Physical, 12/13/11
- Operative Report, 12/13/11
- Denial Letters, 12/14/12, 01/04/13

PATIENT CLINICAL HISTORY [SUMMARY]:

This patients case history stems from the late 1980's, with the most current complaints starting in September 2011. He had a non-instrumented fusion in 1989. His symptoms progressed and he then developed degenerative spondylolisthesis. He had MRI studies in the early 90's compared with MRIs in the previous few years. He received seven ESI's in the past, ranging from selective nerve root blocks to epidurals over the past year, which have given him very transient relief. Treating physician notes he currently has straightforward indications for a reconstruction with a direct and indirect decompression. He further states the patient continues to have significant back and lower extremity pain consistent with dynamic spondylolisthesis at L4-L5 above a non-instrumented fusion at L5-S1. Surgery intervention was recommended.

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

As noted in the prior Peer Reviews, which recommended non-certification due to lack of a psychological evaluation prior to surgery, there was the significant gap in documentation where conservative measures were not documented as having been completed, and currently there is a lack of a comprehensive physical examination. The medical records provided for my review did not adequately address the prior Peer Review issues for recommending non-certification. Therefore, I would continue to recommend non-certification of the requested L4/L5 lumbar fusion, even though the patient appears to have an unstable L4/L5 spondylolisthesis that would, in combination with other ODG recommendations, meet the criteria. By lacking the psychological evaluation and documentation of appropriate conservative treatment, I recommend non-certification of the requested fusion.

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**