

# IMED, INC.

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## Notice of Independent Review Decision

**[Date notice sent to all parties]:**

**03/11/2015**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** PLIF with lateral fusion and L4-5 stabilization

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

Board Certified Orthopedic Surgeon

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:** This patient is a male, with a reported date of injury of xx/xx/xx. On 06/26/14, a MRI of the lumbar spine revealed at L4-5 there loss of disc signal and disc height, with an annular tear with a high intensity zone. There was mild-moderate compromise of the bilateral lateral recesses with moderate compromise of the neural foramen bilaterally. There was normal alignment of the vertebrae. On 11/13/14, the patient was seen back in clinic, and it was noted that he continued to have low back pain, with associated paresthesia. On exam, he had motor power 5/5 with slight decrease in the right L4 and L5 dermatome.

Seated straight leg raise was mildly positive. A PLIF with lateral fusion and L4-5 stabilization was recommended.

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

On 12/09/14, a utilization review report noted that the requested procedure was not medically necessary, with a rationale that there was no evidence of neural arch defect, segmental instability, infection, or failure of two discectomies on the same disc to warrant the procedure. On 01/12/15, a utilization review stated the requested surgery was not medically necessary; the rationale was that no information was submitted to document a psychosocial evaluation, and there was no evidence of instability at the L4-5 level to warrant the fusion.

The guidelines state Pre-operative clinical surgical indications for spinal fusion should include all of the following: (1) All pain generators are identified and treated; & (2) All physical medicine and manual therapy interventions are completed; & (3) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or discography (see discography criteria) & MRI demonstrating disc pathology correlated with symptoms and exam findings; & (4) Spine pathology limited to two levels; & (5) Psychosocial screen with confounding issues addressed. (6) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing. (Colorado, 2001) (BlueCross BlueShield, 2002). While instability in the lumbar spine is not the only criteria, there is a need for a psychosocial evaluation prior to a lumbar fusion. That evaluation has not been provided for this review. It is the opinion of this reviewer that the request for PLIF with lateral fusion and L4-5 stabilization is not medically necessary and the prior denials are upheld.

## **IRO REVIEWER REPORT TEMPLATE -WC**

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

#### **X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

#### **X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013 LOW BACK CHAPTER

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