



14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

Notice of Independent Review Decision

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Extreme lumbar spine interbody fusion L3-4 L4-5 with open reduction, Internal fixation, redo posterior lumbar spine decompression and fusion L3-S1. Inpatient surgery, between 1/28/2015 and 3/14/2015.

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

M.D. Board Certified in Orthopedic Surgery Fellowship trained Spine Surgeon.

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)

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient who complains of low back pain and leg pain. He hurt himself on xx/xx/xx while pulling a 150-pound pallet. The patient sustained a large herniated disc. He failed conservative treatment and underwent lumbar discectomy at L3-4. He re-herniated a disc and had a redo L3-4 as well as L4-5 discectomy. He has lost 32 pounds and became physically active and returned to work, but he had an increasing low back pain over the last 6 months. The patient had another re-herniation on the left side of L4-5 along with lumbar spondylolisthesis. He has endplate changes of L3-4 and collapse of the L5-S1 disc.

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

Per ODG references, the requested services "Extreme lumbar spine interbody fusion L3-4 L4-5 with open reduction, Internal fixation, redo posterior lumbar spine decompression and fusion L3-S1. Inpatient surgery between 1/28/2015 and 3/14/2015" is medically necessary.

From the clinical notes submitted, the patient's chief complaint is low back pain with a secondary complaint of leg pain. It appears this low back pain has been present since his date of injury, in other words for over six months. In addition the patient has already two previous lumbar laminectomies/micro-discectomies.

His MRI dated 11/17/2014 shows severe stenosis at L4-L5, diffuse disc desiccation, endplate degenerative changes from L3 through L5.



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Based on his chief complaint of low back pain for over six months, based on the note documenting conservative care being exhausted, based on two previous back surgeries, and based on the severe stenosis at L4-L5, it seems reasonable to consider lumbar fusion to address this discogenic pain and is within ODG guidelines (discogenic low back pain with segmental collapse that has failed six months of conservative care).

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

- AHCP- 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