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**An Independent Review Organization**  
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***Notice of Independent Review Decision***

***Case Number: X Date of Notice: X***

***Review Outcome:***

***A description of the qualifications for each physician or other health care provider who reviewed the decision:***

X

***Description of the service or services in dispute:***

X

***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)

***Information Provided to the IRO for Review:***

X

## ***Patient Clinical History (Summary)***

The patient is a X whose date of injury is X. The patient was moving wooden signs and felt a pop in the lower back. Treatment to date includes X on X with 25% relief for X. Office visit note dated X indicates previous blood pressure was 128/88. X previous weight was X. X was not taking any current medications. On physical examination, the lumbar range of motion is limited. The patient underwent left L4-5 TLIF on X.

The initial request was non-certified noting that the claimant was scheduled for a left L4-5 TLIF on X. However, the documentation does not highlight that the claimant has a comorbid condition associated with compromised bone healing such as current tobacco use, diabetes, obesity or osteoporosis, multilevel fusion, previous failed fusion, or spondylolisthesis grade II or greater. The denial was upheld on appeal noting that there is no evidence that the claimant has comorbid condition associated with compromised bone healing (eg, current tobacco use, diabetes, obesity, osteoporosis). There is no evidence of previous failed fusion and spondylolisthesis grade II or greater.

Letter of medical necessity dated X indicates that the patient is 6'2" with a weight of X lbs and BMI of 47.5.

## ***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

Based on the clinical information provided, the request for X is certified. The initial request was non-certified noting that the claimant was scheduled for a left L4-5 TLIF on X. However, the documentation does not highlight that the claimant has a comorbid condition associated with compromised bone healing such as current tobacco use, diabetes, obesity or osteoporosis, multilevel fusion, previous failed fusion, or spondylolisthesis grade II or greater. The denial was upheld on appeal noting that there is no evidence that the claimant has comorbid condition associated with compromised bone healing (eg, current tobacco use, diabetes, obesity, osteoporosis). There is no evidence of previous failed fusion and spondylolisthesis grade II or greater. Letter of medical necessity dated X indicates that the patient is

6'2" with a weight of X lbs and BMI of 47.5. Obesity is listed by guidelines as a risk factor for failed fusion as it is associated with compromised bone healing. Given additional clinical data, there is sufficient information to support a change in determination, and the request is certified.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Internal Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- TMF Screening Criteria Manual
  
- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)

Other evidence based, scientifically valid, outcome focused guidelines  
(Provide a description)