

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 8/21/2007
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Hardware removal/exploration of fusion/re-fusion L-4, 5 x 3 day LOS

QUALIFICATIONS OF THE REVIEWER:

This reviewer received his medical doctorate from the University of Tennessee, at Memphis. He did his internship and residency in the field of Orthopaedics at Emory University. This physician did a fellowship at Northwestern in the Department of Orthopaedics, Sports Medicine. He has been board certified in Orthopaedics since 2001. This reviewer has written numerous research articles and publications. He is affiliated with the American Academy of Orthopaedic Surgeons, American Orthopaedic Society for Sports Medicine, Arthroscopy Association of North America and the American Medical Association.

REVIEW OUTCOME:

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

Upheld	(Agree)
<input checked="" type="checkbox"/> Overturned	(Disagree)
Partially Overturned	(Agree in part/Disagree in part)

Hardware removal/exploration of fusion/re-fusion L-4, 5 x 3 day LOS Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Confirmation of receipt dated 7/30/2007
2. Request for a review dated 7/26/2007
3. Notification of determination by MD, dated 6/1/2007
4. Clinical note by MD, dated 7/3/2007
5. Review summary note by MD, dated 8/13/2007
6. Notice to air dated 8/2/2007
7. Clinical note dated 8/3/2007
8. Clinical note dated 8/13/2007
9. Notification of determination by MD, dated 6/1/2007
10. Review summary by MD, dated 5/30/2007
11. Clinical note by MD, dated 7/3/2007
12. Review summary by MD, dated 6/28/2007
13. Request form dated 8/13/2007
14. Surgery scheduling dated 8/13/2007
15. Clinical note dated 8/13/2007
16. Pre-surgical screening dated 2/1/2007
17. Follow up note dated 5/30/2007

18. Follow up note by MD, dated 4/2/2007
19. Follow up note by MD, dated 2/19/2007
20. Follow up note by MD, dated 12/18/2006
21. Consultation note by MD, dated 11/20/2006
22. Follow up note by MD, dated 10/6/2006
23. Follow up note by MD, dated 5/15/2006
24. Follow up note by MD, dated 3/17/2006
25. Patient education note by LVN, dated 3/3/2006
26. Follow up note by MBA, dated 3/2/2006
27. Follow up note by MBA, dated 2/23/2006
28. Consultation note dated 1/12/2006
29. Radiology report by MD, dated 3/7/2006
30. Radiology report by MD, dated 2/2/2006
31. Radiology report by MD, dated 2/2/2006
32. MRI of the lumbar spine by MD, dated 10/10/2005
33. Lumbar myelogram dated 10/12/2005
34. MRI lumbar spine with and without contrast by MD, dated 8/15/2005
35. Radiology report by MD, dated 12/11/2006
36. Procedure note by MD, dated 12/11/2006

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a xx year old male. According to the notes provided, the injured employee developed right leg pain in 2005. He was noted to have had significant amounts of diagnostic imaging and therapies, and was subsequently diagnosed with lumbago, thoracic or lumbosacral neuritis or radiculitis, and postlaminectomy syndrome of the lumbar region. He underwent a laminectomy/discectomy of L4-5 in 08/2005, a repeated disc surgery on 10/12/2005, and 360 degree fusion of L5-S1 in 03/2006. It was noted that the injured employee failed all treatments. This case is under review to determine whether hardware removal/exploration of fusion/re-fusion of L-4, 5 with 3 day LOS is medically appropriate for this injured worker.

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

The injured employee has a complicated spinal surgical history. He has chronic low back pain and intermittent radicular complaints which have been treated for the last few years with activity modification, NSAIDs, nerve stabilizing medication, narcotics, physical therapy, steroid injections, and surgical intervention. He has been through a lumbar fusion at L5-S1 and 2 L4-5 decompressive procedures. The injured worker has received some benefit from the lumbar fusion and no benefit from the decompressions. A recent discogram found concordancy at the L4-L5 level. The provider is requesting an anterior and posterior lumbar fusion of the L4-5 level. Although the request falls outside of ODG, the literature supports surgical intervention for degenerative disc disease that has failed non-operative measures. The medical necessity for operative intervention of the L4-5 level is established based on the persistence of pain and the positive discogram. The question is whether the worker's symptoms will improve with either a single anterior or posterior procedure or a combined procedure. Based on the worker's complex previous surgical history and the need for a solid fusion to maximize potential for a successful surgical outcome, a combined procedure is the best surgical option. There is some literature to support the combined fusion technique. In the current clinical scenario, the previous hardware must be removed and the hardware extended from possible L4-S1, although if L5-S1 is solidly fused, the hardware may only be needed at the L4-5 level. Thus, based on the complexity of the previous surgery and the positive discogram, medical necessity is established for a combined fusion which will require previous hardware to be removed.

The previous denial is overturned.

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

ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
 AHCPR- 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

- X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Gary Ghiselli, Jeffrey C. Wang, Nitin N. Bhatia, Wellington K. Hsu, and Edgar G. Dawson. Adjacent Segment Degeneration in the Lumbar Spine. *J. Bone Joint Surg. Am.*, Jul 2004; 86: 1497 - 1503.

Keith H. Bridwell, Paul A. Anderson, Scott D. Boden, Alexander R. Vaccaro, and Jeffrey C. Wang. What's New in Spine Surgery. *J. Bone Joint Surg. Am.*, Aug 2006; 88: 1897 - 1907.

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