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Notice of Independent Review Decision

DATE OF REVIEW: 12-27-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

360° Lumbar Fusion with 4 day inpatient length of stay

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

Certified by The American Board of Orthopaedic 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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC Codes	Upheld/ Overturn
		Prospective	722.73	63030	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Determination Letters dated 3-16-2007 and 3-23-2007
 Attorney letter dated 10-2-2007
 Preauthorization request undated
 Surgery Scheduling Slip dated 2-28-07

Injured Worker Information form dated xx/xx/xx
Patient profile dated 2-1-07
Physician notes dated 3-1-07, 2-1-07, 1/10/07, 12-27-06, 12-12-06, 12-4-06, 10-19-06, 9-14-06, 7-21-06, 6-29-06, 6-9-06, 6-1-06, 5-11-06, 4-27-06, 4-20-06, 4-7-06, 3-17-06
Consultations dated 8/10/06, 7-27-06 (x2), 6/1/06
Lumbar Discogram/CT lumbar spine dated 8-3-06
MRI LS Spine dated 5-1-06
Operative noted dated 5-26-06
Chronic Pain Management Program notes dated 12-27-06, 11-9-06
Official Disability Guidelines (ODG) not provided

PATIENT CLINICAL HISTORY:

This xx-year-old claimant complained of low back pain and left sided buttock pain after a fall at work on xx/xx/xx. Prior treatment included physical therapy, injections, medications, and chiropractic care. MRI and x-rays noted lumbar scoliosis.

A progress note of 3-17-06 document chronic low back pain, chiropractic care had been tried, and that multiple medications for pain were prescribed.

The claimant is seen one month later after having received a SI joint injection. Minimal relief was noted. The xx/xx/xx progress note indicates a date of injury of xx/xx/xx, well after multiple prior treatments for low back pain were attempted. A lateral thigh bruise was noted. By 4-20-06 it was reported that the claimant was ready to return to work. This return caused an increase in symptoms and caused the claimant to be held out of work.

MRI report of 5-1-06 noted a L4-5 disc lesion and facet hypertrophy. The facet hypertrophy resulted in a lateral recess stenosis. It was felt that the disc lesion (and not the facet hypertrophy) is causative for the lower extremity symptoms. Epidural steroid injections are tried without any positive result.

A consultant noted disc herniation, thoracic and lumbar scoliosis was reported, and the claimant was referred.

Consultations of 7-27-06 noted that there was no spondylolisthesis, spondylosis, fracture or dynamic instability. In addition there is a significant thoracic and lumbar scoliosis. The disc lesion was noted not to be compressing the L4 nerve root. The scoliosis is noted to be stable and that this was a "nonoperative case".

Discogram of 8-3-06 noted “diffuse disc fissuring” at the L4-5 and L5-S1 levels. It was noted that in early August the claimant underwent a surgical procedure and was doing well after that procedure. The diagnosis evolved into a chronic low back pain. In October, the claimant was being screened for surgery, despite this being labeled a non-operative case.

In January 2007 a second surgical opinion noted no instability, the scoliosis and the narrowing of the L5-S1 level and the L4-5 level. It was felt this was a surgical situation.

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

As noted in the Official Disability Guidelines (ODG) in worker compensation cases, patient outcomes in fusion procedures contain many confounding variables that affect the success of the planned surgery. Additional research is needed and at this time there is insufficient evidence to recommend fusion procedures or a chronic pain situation. While recommended for patients who have spinal fractures, dislocation, spondylolisthesis or frank neurogenic compromise; none of these conditions is noted in this case. As also noted workers compensation, smoking and depression were significant predictors of a poor outcome. The claimant reported to have stopped smoking, but that has not been objectified and is on anti-depressants.

It would appear that the two surgical consultations did not realize that prior to the date of injury this claimant was taking MS Contin for a chronic low back pain prior to the date of injury. The claimant has two scoliotic deformities and had chronic back pain prior to the date of injury. Thus, there is no reasonable expectation of any type of positive outcome in this case. Therefore surgical intervention, particularly a 360 fusion distal to a scoliosis curve is not clinically warranted.

When reviewing the ODG patient selection criteria for lumbar spinal fusion, the claimant fails to meet any of these inclusion criteria.

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