

# **RYCO MedReview**

## **Notice of Independent Review Decision**

**DATE OF REVIEW:** 12/17/07

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Lumbar laminectomy and fusion at L4-L5 and L5-S1

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

Board Certified in Orthopedic 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Lumbar laminectomy and fusion at L4-L5 and L5-S1 - Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Evaluations with, M.D. dated 04/16/07, 09/27/07, 10/26/07, 10/30/07, and 11/15/07

A lumbar myelogram CT scan interpreted by, M.D. dated 05/10/07  
A lumbar discogram CT scan interpreted by, M.D. dated 07/24/07  
A chronic pain evaluation with, Psy.D. dated 08/22/07  
A lumbar discogram interpreted by Dr. dated 09/18/07  
ODG Guidelines and preoperative clinical surgical indications for a spinal fusion from Dr. dated 09/27/07  
Notes from and, R.N. from 10/16/07 through 10/30/07  
A letter written "To Whom It May Concern" from Dr. dated 10/22/07  
A letter of denial, according to the ODG Guidelines, from, M.D. dated 10/22/07  
A letter of denial, according to the ODG Guidelines, from, M.D. dated 10/29/07  
An undated preauthorization request from Dr.  
The ODG Guidelines were not provided by the carrier or the URA

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

On 04/16/07, Dr. recommended a lumbar myelogram CT scan. The lumbar myelogram CT scan interpreted by Dr. on 05/10/07 revealed advanced disc degeneration at L5-S1 with a disc herniation. A lumbar discogram CT scan interpreted by Dr. on 07/24/07 revealed disruption and severe concordant pain at L4-L5 and L5-S1. On 08/22/07, Dr. felt the patient psychologically was a candidate for surgery. A lumbar discogram interpreted by Dr. on 09/18/07 was normal at L3-L4. On 09/27/07, Dr. recommended a lumbar spine surgery at L4-L5 and L5-S1. On 10/22/07, Dr. wrote a letter stating the patient met all the ODG Guidelines for surgery. On 10/22/07, Dr. wrote a letter of denial for lumbar surgery. On 10/26/07, Dr. recommended a Medrol Dosepak. On 10/29/07, Dr. wrote a letter of denial for the lumbar surgery. On 10/30/07, Dr. requested a Medical Dispute Resolution (MDR). On 11/15/07, Dr. again recommended lumbar spine surgery.

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

There are very few indications in the ODG for fusion, including instability, such as postoperative instability or degenerative spondylolisthesis. The patient does not meet those criteria. The surgery would be recommended if all pain generators are identified and treated. The MRI suggests the only pathology is at L5-S1 with a small disc bulge at L5-S1. However, the patient had concordant pain at multiple levels, such that at the first time the MRI was performed, the L3-L4 level was not performed as a negative control. Therefore, it was not expected that the L4-L5 level would be a pain producer. Given this lack of concordance between the MRI and the discogram, this calls into significant doubt that discography is valid. The ODG states clearly that discography is not a good method in determining whether spinal fusion should be performed. In this patient with some psychological abnormalities shown on his diagnostic testing, one should not proceed with a lumbar fusion.

In short, this patient does not meet the criteria for lumbar laminectomy and fusion. The pain generators are unclear. The compounding psychosocial issues have not been addressed. There is no clear cut diagnosis other than discogenic pain, which in this population responds poorly to surgery. Therefore, the requested lumbar laminectomy and fusion at L4-L5 and L5-S1 is not reasonable or necessary.

**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)**