

**DATE OF REVIEW:**

07/16/2007

**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

L4-5 laminectomy and fusion (63042 and 22612).

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

Board Certified Orthopedic Surgeon

**REVIEW OUTCOME**

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

Upheld (Agree)

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.

Recommend non-authorization of requested procedure (L4-5 laminectomy and fusion 63042 and 22612).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Case Report dated 06/29/07
- Referral dated 06/29/07
- DWC: Notice to Utilization Review Agent of Assignment dated 06/29/07
- DWC: Notice to MCMC, LLC of Case Assignment dated 06/29/07
- DWC: Confirmation of Receipt Of A Request For A Review dated 06/28/07
- Handwritten form notes with Date of Treatment (three pages)
- LHL009: Request For A Review By An Independent Review Organization dated 06/25/07
- IMO: Adverse Determination Letters dated 06/20/07, 06/04/07 from R.N.
- M.D.: Letter dated 06/04/07
- M.D.: Follow Up note dated 05/24/07
- M.D.: ODG Guidelines, Patient Selection Criteria For Lumbar Fusion signed 05/24/07
- M.D.: Pre-Operative Clinical Surgical Indications for Spinal Fusion signed 05/24/07
- Lumbar x-rays, myelogram and CT dated 02/01/07 from M.D.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a male who was reported to have sustained a work-related. There is no information regarding the mechanism of injury or specific details regarding the accident. The requesting physician is M.D. The record contains one office evaluation by him. He reports that the injured individual had undergone an L4-L5 laminotomy and discectomy on 11/17/2006. He opines

that the injured individual did well, but then reports a vague re-injury with recurrent left leg complaints only three days post-operatively. His diagnoses on that visit were; 1. left L-5 radiculopathy 2. Status post L5-S1 cage fusion in 2000 by Dr. 3. Morbid obesity and 4. Insulin-dependent Diabetes Mellitus. The injured individual is a smoker, which is a relative contraindication to a fusion procedure. Dr. states that the injured individual has failed all conservative treatment. There is no information available documenting his prior treatment. Lumbar x-rays and a CT/myelogram were performed on 02/01/2007. The studies document a pseudarthrosis at the L5-S1 level. There are significant degenerative changes at L4-L5 and some evidence of recurrent disc material at that level.

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

The injured individual is a morbidly obese diabetic smoker with a history of two prior lumbar surgeries. He currently has a pseudarthrosis at the site of the previous L5-S1 fusion. It is unlikely in this setting that the proposed surgical procedure (L4-5 laminectomy and fusion) will address his complaints completely. The injured individual is at high risk of nonunion at this site since he has continued to smoke following the L5-S1 fusion performed in 2000 and the pseudarthrosis at this level will place abnormal stresses on the L4-L5 level. The Official Disability Guidelines recommend caution in the Worker's Comp population. "There is limited scientific evidence about the long-term effectiveness of fusion for degenerative disc disease compared with natural history, placebo, or conservative treatment, but studies conducted in order to compare different surgical techniques have shown success for fusion in carefully selected patients. ([Gibson-Cochrane, 2000](#)) ([Savolainen, 1998](#)) ([Wetzel, 2001](#)) ([Molinari, 2001](#)) ([Bigos, 1999](#)) ([Washington, 1995](#)) ([DeBarard-Spine, 2001](#)) ([Fritzell-Spine, 2001](#)) ([Fritzell-Spine, 2002](#)) ([Devo-NEJM, 2004](#)) ([Gibson-Cochrane/Spine, 2005](#)) ([Soegaard, 2005](#)) ([Glassman, 2006](#)) ([Atlas, 2006](#)). It appears that workers' compensation populations require particular scrutiny when being considered for fusion for chronic low back pain, as there is evidence of poorer outcomes in subgroups of patients who were receiving compensation or involved in litigation. ([Fritzell-Spine, 2001](#)) ([Harris-JAMA, 2005](#)) ([Atlas, 2006](#)) Despite poorer outcomes in workers' compensation patients, utilization is much higher in this population than in group health. ([Texas, 2001](#)) ([NCCI, 2006](#))". The ODG report poorer outcomes in obesity, smoking, worker's comp, and patients who have undergone previous spinal procedures. The injured individual is also at increased risk secondary to his insulin-dependent diabetes and it is unclear if it plays a role in his continuing complaint.

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

- **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION): SEE ABOVE**
- **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION): SEE ABOVE**