

DATE OF REVIEW:

07/24/2007

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

Removal of L2-3 fusion and exploration (20930, 22612, 22830, 22840, and 22850).

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

Board Certified Orthopaedic Surgeon

REVIEW OUTCOME

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

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.

The requested procedure removal of L2-3 fusion and exploration (20930, 22612, 22830, 22840, and 22850) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 07/13/07
- MCMC Referral dated 07/13/07
- DWC: Notice To MCMC, LLC Of Case Assignment dated 07/12/07
- DWC: Notice Of Assignment Of Independent Review Organization dated 07/12/07
- M.D.: Letter dated 07/11/07
- DWC: Confirmation Of Receipt Of A Request For A Review dated 07/10/07
- LHL009: Request For A Review By An Independent Review Organization dated 07/09/07
- Risk Management Fund: Reports dated 05/31/07, 05/08/07
- Handwritten note dated 05/04/07
- Sports Medicine Centre: Re-Auth Request Form dated 05/01/07
- M.D.: Surgery Scheduling form dated 04/26/07
- Center: Letters dated 04/26/07, 03/29/07 M.D.
- Sports Medicine Centre: Letters dated 01/23/07, 12/04/06, 10/17/06, 09/26/06, 08/25/06, 03/14/06, 12/30/05, 11/07/05, 10/17/05, 03/01/04, 01/22/04, 12/08/03, 10/17/03, 10/07/03, 10/03/03, 09/26/03, 09/04/03 M.D.
- Health System: Report of Procedure dated 09/10/06 M.D.
- Health System: Lumbar spine x-rays dated 08/10/06
- Sports Medicine Centre: Preoperative History & Physical dated 07/31/06 from P.A.
- DWC-73: Work Status Report dated 10/17/05
- Sports Medicine Centre: Lumbar spine radiographs dated 01/22/04, lumbar spine radiographs dated 12/08/03, lumbar spine radiographs dated 09/26/03

- Hospital: Report of Operation dated 11/18/03 M.D.
- Hospital: Lumbar spine lateral view, lumbar spine radiograph dated 11/18/03
- MRI: MRI lumbar spine dated 09/17/03
- Imaging and Diagnostic: MRI lumbosacral spine dated 01/16/95
- Summary notes for the period 04/29/92 through 06/07/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male who was reported to have sustained a work-related injury. The injury occurred when he fell down stairs while employed as a custodian. He is reported as having undergone at least four surgical procedures to his low back since that injury. Most of the medical documentation is from 2003 to the present time. The current surgeon who has requested the surgical procedure is M.D. It appears that he has been treating the injured individual since 2003 and has performed two of the prior surgeries (11/18/2003: L3-L4 decompression and fusion and 08/10/2006: L2-L3 TLIF/PISF). It would appear prior to this that he had undergone an L4-S1 fusion. Imaging studies done as far back as 1995 revealed evidence of multi-level degenerative disc disease to even include the thoracic spine. The injured individual after each of the surgeries performed by Dr. has had a short period of improvement followed by increasing symptoms, which have resulted in another surgical procedure. A note dated 03/14/2006 reported that the injured individual had applied for Social Security Disability benefits. His physical/ neurological examination has revealed no atrophy, normal motor strength, and symmetrical reflexes. His main complaint has been mainly axial back pain with a component of bilateral leg pain in a non-dermatomal pattern. Dr. has requested the proposed procedure for a questionable pseudarthrosis at the L2-L3 level. There are no imaging studies that document this diagnosis. There are no electrodiagnostic studies (EDS) which support a radicular component to the injured individual's continuing complaints. M.D., Orthopedic Surgeon denied the procedure on initial review because of the failure to document the pseudarthrosis in the setting of multiple back procedures. M.D. failed to approve the procedure on reconsideration/appeal because the procedure did not meet the ODG criteria and he felt it was contraindicated for "failed back syndrome". There is no information regarding any recent psychological testing or evaluation.

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

The injured individual is a male who has undergone at least four surgical procedures following the occupational injury. He is now over 15 years status post-injury. The medical documentation reviewed shows that the injured individual has continued to be symptomatic despite extensive evaluation and treatment. He has only shown short-term improvement following each of the last two surgical procedures and then developed recurrent symptoms resulting in surgery. The medical documentation does not clearly support Dr. diagnosis and he has not clearly identified the pain generator. The current request does not meet the **Official Disability Guidelines** criteria:

Patient Selection Criteria for Lumbar Spinal Fusion:

For chronic low back problems, fusion should not be considered within the first 6 months of symptoms, except for fracture, dislocation or progressive neurologic loss. Indications for spinal fusion may include:

- (1) Neural Arch Defect - Spondylolytic spondylolisthesis, congenital unilateral neural arch hypoplasia.

- (2) Segmental Instability - Excessive motion, as in degenerative spondylolisthesis, surgically induced segmental instability and mechanical intervertebral collapse of the motion segment and advanced degenerative changes after surgical discectomy.
- (3) Primary Mechanical Back Pain/Functional Spinal Unit Failure, including one or two level segmental failure with progressive degenerative changes, loss of height, disc loading capability, with and without neurogenic compromise. In cases of workers' compensation, patient outcomes related to fusion may have other confounding variables that may affect overall success of the procedure, which should be considered.
- (4) Revision Surgery for failed previous operation(s) if significant functional gains are anticipated. Revision surgery for purposes of pain relief must be approached with extreme caution due to the less than 50% success rate reported in medical literature.
- (5) Infection, Tumor, or Deformity of the lumbosacral spine that cause intractable pain, neurological deficit and/or functional disability.

Pre-Operative Surgical Indications Recommended:

Pre-operative clinical surgical indications for spinal fusion include all of the following:

- (1) All pain generators are identified and treated; &
- (2) All physical medicine and manual therapy interventions are completed; &
- (3) X-ray demonstrating spinal instability and/or MRI, Myelogram or CT discography demonstrating disc pathology; &
- (4) Spine pathology limited to two levels; &
- (5) Psychosocial screen with confounding issues addressed.
- (6) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing. (Colorado, 2001) (BlueCross BlueShield, 2002)

It unlikely that this injured individual will make significant functional gains following a fifth surgical procedure. There is no recent evidence of psychological evaluation or testing.

"Until further research is conducted there remains insufficient evidence to recommend fusion for chronic low back pain in the absence of stenosis and spondylolisthesis, and this treatment for this condition remains "under study." 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](#))

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

- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION): AS NOTED IN ABOVE ANALYSIS AND EXPLANATION OF THE DECISION**



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