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DATE OF REVIEW: JULY 2, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Explantation of the transpedicular fixation device of the L4-5 L5-SI segment and foraminotomy bilateral and augmentation of the graft. Re-exploration of L4-SI, with 2 day length of stay

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

Board certified in Orthopaedic Surgery, licensed in the State of Texas, and DWC ADL approved.

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)

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Explantation of the transpedicular fixation device of the L4-5 L5-SI segment and foraminotomy bilateral and augmentation of the graft. Re-exploration of L4-SI, with 2 day length of stay	22830, 63047, 22852, 20936, 95926, 22630	Upon approval	Adverse determination upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Record Description	Record Date
Notification of adverse determination of UR for Spinal Surgery –	05/21/07
Review summary – Including the following: clinical summary, current diagnosis, current medications, list of surgeries, diagnostic imaging to include CT scan with findings in January 2007, EMG/NCV study with findings in April 2006, injection therapy and discogram January 2005,	05/21/07

Notification of adverse determination of Appeal for Spinal Surgery –	05/29/07

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant was injured. The request is for an IRO and the submitter is, M.D. The claimant had an IDET in January 2000. Other therapies and diagnostic imaging include injections, physical therapy, discogram January 2005, CT scan January 2007 showing post operative changes at L4-S1 with solid fusion and a small L3 protrusion with mild stenosis, EMG with NCV April 2006 showed acute L5S1 irritability, x-rays show good placement of fixation with some foraminal narrowing. The request is for exploration of transpedicular fixation device of the L4-5 and L5-S1 segment and bilateral foraminotomy, probable augmentation of graft, re-exploration of the L4-S1 fusion, 2 day in-patient length of stay. The diagnoses are lumbago thoracic or lumbosacral neuritis and psychalgia. Medications: Kadian, Kantrex, Neurotin, Effexor.

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

The request best fits a revision surgery procedure for pain relief since there are no documentations of nerve root compression or non-union neither by clinical evaluation or imaging studies. The request is not medically necessary based on evidence based medicine. Furthermore, fusion for degenerative disc disease carries a very poor outcome (ODG, 4th ed, Treatment, p 815 and Horowitz, et al, Journal of AAOS, 1995; 3:123-135). The outcome becomes even worse when a lumbar fusion or revision surgery is done in a patient who has had previous lumbar fusion, has depression, is in the worker's compensation system, litigation, low household income and older age (DeBerard-Spine, 2001), (DeBerard, 2003), Deyo, 2005), (Frief-Spine, 2006). The claimant carries almost all of the above characteristics and thus is not a surgical candidate based upon evidence based medicine.

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

The diagnoses do not include the current condition for which the request is submitted. The request for graft augmentation would be for an established non-union with painful instability. However, this is not one of the diagnoses and the x-rays and CT scan revealed a solid L4 to S1 fusion. There is no documentation of instability. Request for pedicular fixation implant exploration would be if one thought the fixation device was loose and it was the cause of pain. Often loose implants are painless, especially if the graft/fusion is solid. The request for bilateral foraminotomies must be for L4-5 and L5-S1 although there is no documentation of radiculopathy or active nerve compression. An EMG shows L5-S1 nerve irritability but there are no corroborative clinical findings. The request appears to be for a revision surgery for subjective pain complaints that have been present for approximately 6 ½ years, since the fusion operation. While not recommended, patient selection criteria if fusion is to be done are as follows:

For chronic low back pain, fusion should not be considered within the first 3 months of symptoms, except for fracture and/or dislocation. Indications for spinal fusion may include:

- 1) neural arch defect, spondylolytic spondylolisthesis, congenital unilateral arch hypoplasia
- 2) segmental instability-excessive motion, as in degenerative spondylolisthesis, surgically induced segmental instability
- 3) primary mechanical back pain/functional spinal unit failure-multiple pain generators objectively

and two or more of the following:

- a) internal disc disruption (poor success rate if more than disc involved
- b) painful motion segment, as in annular tears
- c) disc resorption
- d) facet syndrome and/or
- e) ligamentous tear
- 4) Revision surgery for failed previous operation(s) if significant function gains are anticipated. Revision surgery for pain relief must be approached with extreme caution due to less than 50% success rate per medical literature report.
- 5) Infection, tumor, or deformity of the lumbosacral spine that causes intractable pain, neurological deficit and/or functional disability.

(ODG 4th ed, Treatment, pp 815-816)