

# IRO Express Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Phone: 817-235-1979

Fax: 817-5489-0310

## **DATE OF REVIEW:**

JUNE 11, 2007

## **IRO CASE #:**

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

Is L4-S1 redo lumbar laminectomy, explore/partial explanation, L4/5 laminectomy decompression, posterolateral fusion, posterior lumbar interbody fusion with ROC plates, bone marrow autograph, inpatient hospital stay three days medically necessary?

## **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)
- 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.

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

Office notes, Dr. 08/30/05, 01/31/06, 03/13/06, 05/10/06, 05/24/06, 06/01/06, 06/23/06, 06/23/06, 12/05/06

Operative report, Dr. 12/15/05

Office notes, RN, 01/03/06, 01/05/06, 01/19/06, 04/27/06, 03/07/07

Lumbar spine x-ray, 01/31/06, 06/01/06, 12/05/06

Lumbar spine MRI, 05/03/06

Lumbar spine CT scan, 06/23/06

Independent Medical Evaluation, Dr. 10/09/06  
Office note, Dr. 01/10/07  
Peer review, Dr. 01/16/07  
Appeal letter, Dr. 02/20/07.  
Peer review, Dr. 03/13/07

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

This female injured her low back on xx/xx/xx when she tripped and fell over a mat. She underwent a diagnostic work up and was treated conservatively. On 08/30/05 she began treating with Dr. for severe back and bilateral leg pain. She had a diagnosis of degenerative disc disease L4-5 and L5-S1, facet arthropathy with lumbar radiculopathy and spondylolisthesis Grade 1 of L4-5. On 12/15/05 Dr. performed a laminectomy and fusion at L4-5 and L5-S1. The claimant developed a post operative Methicillin Resistant Staph Aureus epidural infection and required incision and drainage, intravenous antibiotics and long term oral antibiotics.

As of the 03/14/06 exam the wound was completely healed. She was neurologically intact. She was following with Dr. for the wound infection and was on Septra. The claimant complained of leg weakness with frequent falls. She was taking Lortab, Lyrica and Ambien. A 05/03/06 MRI of the lumbar spine demonstrated postoperative changes of laminectomy L4 and L5 with posterolateral fusion, L4 to S1 and residual 5-6 millimeters of degenerative spondylolisthesis of L4 on L5. A 06/01/06 X-ray of the lumbar spine demonstrated bilateral posterior fixation rods with bilateral pedicle screws at L4, L5 and S1. Once again identified was lucency surrounding the L4 pedicle screws which was not significantly changed when compared to the previous exam. A CT scan on 06/23/06 demonstrated failed posterolateral fusion L4-5 and L5-S1 and loosening of the bilateral L4 and S1 pedicle screws with "wobble tracks". There was borderline spinal stenosis at L2-3.

On 09/6/06 Dr. noted that the claimant's back pain was slowly increasing in severity into the left buttock and left leg. She remained neurologically intact. He noted that X-rays clearly showed lucency around the upper screw. The diagnosis was pseudoarthrosis at L4-5.

On 10/09/06 Dr. performed an independent medical evaluation. The claimant was using a cane and sometimes a walker. Medications were Skelaxin, Darvocet, Hydrocodone, Lyrica, Ambien, Mobic, Lidoderm patches and Septra. On exam reflexes were 2 plus, straight leg raise was negative and the claimant had very poor range of motion. The diagnosis was failed back surgery syndrome.

A 12/05/06 X-ray of the lumbar spine demonstrated no change in the appearance of the screws and plates. There was Grade I spondylolisthesis of L4 on L5 and mild disc space narrowing at both fused levels. At the 12/05/06 visit Dr. recommended exploration of the fusion and redo fusion at L4-5. A note from Dr. recommended that Dr. do repeat cultures at the time of surgery.

The requested surgery was denied on peer review. Dr. indicated in a letter of appeal dated 02/20/07 that the claimant had a pseudoarthrosis at L4-5 and was having pain related to this unstable, painful motion segment. He referred to the findings in the CT scan of June 2006. He emphasized that the claimant's pain was not on the basis of

nerve root compression but on the basis of failed fusion with painful pseudoarthrosis. The surgery was again denied on peer review.

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

In review of the medical records, re-do lumbar laminectomy exploration explants in the L4-5 laminectomy, decompression, posterolateral interbody fusion with RSV plates, bone marrow autograft and inpatient hospital stay does not appear be medically reasonable and necessary. This is a 58-year-old female with intact neurologic findings and a past medical history significant for a previous L4 with previous laminectomy and fusion at L4-5 and 5-1 complicated with a MRSA epidural abscess and apparent failed back syndrome per independent medical evaluation. Loosening of hardware was noted in the images. Based upon this information, the reviewer does not think it is reasonable to proceed with revision surgery given the previous complications, given the expected outcome following a revision surgery as opposed to the index surgery. There appears to be adequate fusion in spite of loosening on imaging studies and the question of history of previous infection also that greatly increases risk of further infection. Further surgery outcomes and risks do not out weight the benefits.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Low Back: Fusion (spinal)

Patient Selection Criteria for Lumbar Spinal Fusion includes:

Indications for spinal fusion may include: 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. 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.

Rothman - Simeone, The Spine, 5th edition, chapter 92, pages 1535-1537

**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)
  - Rothman - Simeone, The Spine, 5th edition, chapter 92, pages 1535-1537