C-IRO, Inc.

An Independent Review Organization
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Austin, TX 78726

DATE OF REVIEW:
JUNE 1, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Inpatient spine surgery 360 L4-S1 (lumbar fusion)

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

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
Lumbar spine CT scan, 04/18/06
Lumbar spine SCT scan without contrast, 10/23/06
Office note, Dr., 12/13/06, 01/19/07 and 03/28/07
Office note, Dr., 02/05/07
Authorization request for surgery, 04/03/07
UR findings, 04/09/07 and 04/25/07

PATIENT CLINICAL HISTORY [SUMMARY]:
The Patient is a male who reportedly injured his low back on xx/xx/xx while pushing up and over his head on a 2 x 4 which was leveraging a heavy pump. He reported feeling a pop in his low back followed by his back giving out on him. He is noted to be status post L4-5 and L5-S1 posterior lumbar interbody fusion on 05/03/05 and was declared at maximum medical improvement with a 5 percent impairment rating on 12/15/05. The Patient reported two months of improvement following the fusion before complaining of a return and worsening of his symptoms.

A CT of the lumbar spine on 04/18/06 showed a slight degree of spondylolisthesis of the L5 on S1, secondary to spondylolysis of the L5 vertebral body, hardware in place at L4-5

and L5-S1, and no evidence of pseudoarthrosis at L4-5 or S1. The Patient reportedly underwent hardware removal in xx/xx/xx. A repeat CT of the lumbar spine on 10/23/06 showed minimal facet arthropathy at L3-4 and L4-5 and again it was noted that there was no evidence of pseudoarthrosis. The Patient complained of intense pain mostly in the back with pain also radiating into the left lower extremity down into the big toe associated with numbness and tingling. Examination by Dr. on 12/13/06 found decreased flexion, guarding with bilateral lateral bending, and reproduction of back pain with lancinating pain down the left leg with rotation to the right and extension. Dr. interpreted the CT scans as showing a pseudoarthrosis at L5-S1 and likely at L4-5. He further reported that X-rays on 12/06/06 showed absolutely no evidence of lateral fusion mass or facet fusion. Diagnoses of pseudoarthrosis at L4-5 and L5-S1 with continued chronic lumbar radicular symptomatology were provided. A caudal epidural steroid injection was recommended.

On 02/05/07 the Patient underwent a diagnostic and therapeutic translumbar epidural steroid injection at L5-S1 and trigger point injection over L1-2 on the right. Dr. documented complaints of constant low back pain made worse with movement or motion, numbness and tingling in the back and down the bilateral legs left greater than right, and difficulty walking. Examination found a positive straight leg raise test bilaterally and complaints of pain at L1-2. Dr. noted incidentally that the Patient's MRI showed herniated discs at L1 and L2. Dr. documented his agreement with Dr. regarding the interpretations of X-rays and the CT scans showing pseudoarthrosis and no evidence of lateral fusion mass or facet fusion.

On 03/28/07 Dr. reported that the Patient did not get a very positive response to the epidural steroid injection via translumbar epidural approach instead of a caudal approach. A request was made for authorization of surgery to consist of anterior discectomy, interbody fusion, interbody fixation, removal prior failed posterior lumbar interbody fusion grafts at L4-5 and L5-S1, re-do decompression posteriorly, and lateral mass fusion at L4-S1 with segmental pedicle fixation.

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

This is a male who previously underwent two level fusion at his L4-5 and L5-S1 with subsequent hardware removal in xx/xx/xx. According to records he continues to complain of a combination of back and lower extremity pain. It has been attributed to pseudoarthrosis at L5-S1 and probably L4-5. Recommendations have been made to perform an L4 through S1 fusion.

The records document imaging study findings that are suspicious for pseudoarthrosis. This would suggest that the initial procedure failed to result in satisfactory fusion. Under the circumstances, repeat surgery to achieve surgical fusion is a reasonable approach. With that said, the Reviewer noted that the records provided do not provide a compelling case that this particular gentleman would benefit from that approach. While the Reviewer would acknowledge that the radiographs document evidence of incomplete fusion at one level and perhaps both and that this potentially could be a source of his back pain, it does not appear that the ongoing efforts to determine if that is in fact the case have proven to be successful. In particular his translaminar epidural steroid injections did not result in a significant benefit. In addition, the Reviewer would be concerned at the high risk of recurrent pseudoarthrosis in the light of the fact that this

gentleman is a longstanding smoker. As such, after giving careful consideration to the records as provided, the Reviewer cannot recommend the proposed surgery as being reasonable and medically necessary in this setting. The Reviewer thinks that the procedure is medically necessary only if other factors contributing to his pain have been ruled out in order to determine if the pseudoarthrosis and the reported neural compression are in fact the source of this gentleman's back complaints and/or if he has multifactorial back pain that is unlikely to be responsive to additional surgical procedure.

Of note, in suggesting that this gentleman is not an ideal candidate, the Reviewer cannot deny the fact that this gentleman appears to have an obvious pseudoarthrosis and that is an isolated source of back pain, within its self suggests that surgery may be indicated. However, the Reviewer believes that without further support outside the obvious radiographic findings there is not enough proof that the gentleman's pain complaints would be relieved with the suggested surgery and thus that he is not at this juncture a reasonable candidate for the proposed surgery.

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**

Official Disability Guidelines ODG Treatment in Worker's Comp 2007. Procedure Summary - Low Back

☐ **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)**