

MEDICAL REVIEW OF TEXAS

DATE OF REVIEW: MARCH 26, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L3 posterior lumbar interbody fusion using interbody spacers, pedicle screws with a three-day hospital stay.

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

MD, Board Certified in Neurosurgery

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

1. Texas Department of Insurance request for peer review.
2. Consultation notes performed by Dr.
3. EMG report dated 8/2/06 performed by Dr.
4. MRI scan of the lumbar spine dated 6/22/06 by Dr.
5. IME performed on 12/11/06 performed by Dr.
6. Previous reviewer's comments.

PATIENT CLINICAL HISTORY [SUMMARY]:

This gentleman was working. He was lifting a generator that is typically used for a R.V trailer and then developed significant low back pain. There is no information provided from the initial evaluations but according to his independent medical exam he was then treated with

physical therapy and had three ESI's in September, early October and late October of 2006. He received approximately two week improvements with each of those three epidurals. Because he did not achieve a consistent improvement, he was ultimately referred for surgical evaluation. Of note he had an MRI scan 6/20/06. This showed a significant bulge at L3 with probable extruded disc fragment to the right and most likely compression of the right L4 nerve. In addition, he was noted to have spinal stenosis at L4, the central canal being diminished to 6.7 mm in anterior/posterior direction. He was also noted at L5 to have disc desiccation with loss of signal and a minimal loss of disc space height at L5. He is also found to have an annular fissure and a reasonable small broad based disc protrusion. Here again the central canal was somewhat narrowed but there was no foraminal stenosis. The facet joints were noted to be moderately prominent. At L3 the patient was also noted to have a slight anterolisthesis of approximately 2 to 3mm. Based upon these findings as well as the lack of consistent improvement, Dr., an orthopedic spine surgeon, has recommend an L3 posterior lumbar interbody fusion utilizing interbody spacers, pedicle screws and rods to stabilize the L3 level. He is requesting a three-day hospital stay. Of note, the only other evaluations of this patient is an EMG which discusses abnormalities bilaterally at L4 and L5 with maximal severity at L4 on the right and it is recommended that the possibility of spinal stenosis be considered.

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

As eloquently outlined by the previous reviewers including the orthopedic surgeon, back surgery for back pain has at best a checkered past and inconsistant support in the literature. While it is still performed, and performed perhaps excessively, the parameters for successful back surgery in patients with back pain have not been fully elucidated and they are even more obscure in patients who are being funded by Workman's Compensation. That being said, generally, there are two specific issues with this patient as well. It has been noted that he is a smoker. He is also described as being six feet tall and 240 lbs. He is clearly well beyond any type of ideal weight. There is no discussion of his exercise tolerance or his ability to recondition himself. This patient has had physical therapy but as the requesting physician is aware, the focus is no longer on physical therapy but on actual reconditioning. The obligation of any physician caring for patient's with low back pain is to deal with remediable factors first. The patient's excess weight and his smoking are two very strong determinants for a negative outcome and need to be dealt with

before any surgical procedure should be considered. Moving on, this patient has had an EMG which is consistent more with spinal stenosis than with a single level problem which is being described by Dr. His approach is to deal with the low back pain which the patient describes as being 70% of his problem with 30% being the remaining right leg pain. However, the etiology of his back pain has yet to be defined; a disc herniation and a very mild retrolithesis at L3 does not indicate segmental instability which is one of the indicators for posterior decompressive stabilization. At this point in time, however, this surgical procedure should be denied.

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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

X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

- 1. North American Spine Societies Recommendation for Treatments of Chronic Low Back Pain.*
- 2. Ed Benzel's Textbook on Surgical Treatment for Low Back Pain.*
- 3. The American Association of Neurologic Surgeons Recommendations for Treatment of Low Back Pain.*

4. *The Occupational Medicine Practice Guidelines.*

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)