

Notice of Independent Review Decision**IRO REVIEWER REPORT TEMPLATE –WC**

DATE OF REVIEW:

05/07/2007

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

Please review the items in dispute: Surgery lumbar fusion (CPT codes 63030- (lumbar laminectomy one interspace; including open or endoscopically-assisted approach), 20930 - morselized allograft for spine surgery only), 20936 - (autograft for spine surgery only - {includes harvesting the graft}; local obtained from the same incision), 22630 - (arthrodesis posterior interbody technique, including laminectomy and/or discectomy to prepare interspace), 22612 - (lumbar), 22614 - (add on code for each additional vertebral segment), and 22842- posterior segmental instrumentation eg. pedicle fixation, dual rods with multiple hooks and sublaminar wires; 3 to 6 vertebral segments).

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 (Agree)

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 proposed surgical procedure (L5-S1 discectomy and instrumented lumbar fusion) is not medically reasonable and necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Case Report dated 04/27/07
- MCMC Referral dated 04/27/07
- DWC: Notice to MCMC, LLC of Case Assignment dated 04/27/07
- DWC: Notice To Utilization Review Agent of Assignment of Independent Review Organization dated 04/27/07
- DWC: Confirmation Of Receipt Of a Request For a Review dated 04/25/07
- DWC: Request For a Review By An Independent Review Organization dated 04/17/07

- Letters dated 03/30/07, 02/12/07 from Nurse Case Manager
- Neurosurgery: Form letter dated 02/05/07
- M.D.: Studies Reviews dated 01/25/07, 10/09/06 (two)
- M.D.: Follow-Up Visits dated 01/25/07, 12/14/06
- M.D.: Progress Note dated 01/23/07
- Medical Center: Operative Report dated 01/10/07 from, M.D.
- Discogram report dated 01/10/07
- Medical Center: CT L-spine dated 01/10/07
- Follow-Up Visits dated 11/02/06, 07/27/06
- M.D.: Procedure Report dated 10/25/06
- M.D.: Neurosurgical Consultation dated 10/09/06
- Medical Center: CT myelogram dated 05/17/06
- Undated note with diagnosis codes listed
- Undated Detail report

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male who was reported to have sustained a work-related injury. The specific details regarding the injury are missing and the first record reviewed was an office visit to M.D. dated 07/26/2006. One of the peer reviewers who denied the requested procedure reported that the injured individual developed back pain following taking a step back. There would not appear to be a specific mechanism of injury, but the development of pain following an activity of daily living. Dr. noted in his office visit of 07/26/2006 that the injured individual was improved somewhat. M.D. saw him for the first time on 10/09/2006. The injured individual demonstrated reflexes that were +1 and symmetrical and slightly decreased sensation on the medial aspect of the left foot (L4 dermatome). The injured individual was overweight at 6 foot tall and weighing 230 pounds. Dr. reviewed the imaging studies to include a myelogram, a post-myelogram CT and MRI (04/28/2005). He reported a disc at L5-S1 with foraminal narrowing. Dr. performed a second lumbar epidural steroid injection on 10/25/2006 and noted improvement on the 11/02/2006 follow-up visit. Dr. saw the injured individual back on 12/14/2006. His exam revealed back/leg pain worse on the left. He reported short-term relief with the lumbar-epidural steroid injection (ESI) twice. A disc bulge was noted on the previous MRI left greater than right and evidence of facet arthropathy at L4-L5 and L5-S1. CT scan with contrast was performed on 01/10/2007 and revealed multiple levels of disc pathology. M.D. physical examination on 01/23/2007 was essentially normal except for back pain (negative straight leg raise, normal motor and sensory exam). Dr. performed a multiple level discogram, which he felt was positive at L5-S1, but caused more right-sided leg pain. The injured individual returned to Dr. on 01/25/2007. Dr. reported that the discogram was positive at L5-S1 and suggested the proposed surgical procedure. M.D. (Orthopedist) did the initial review for the requested procedure and denied it. His reasoning was an intact neurological examination without evidence of instability. He also felt that the imaging studies were consistent with multiple level degenerative disc disease. M.D. (Neurosurgeon) performed the reconsideration/appeal. He upheld the initial determination based upon the lack of objective physical findings and the explanation of Dr..

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

The medical documentation submitted for review does not substantiate the requested surgical procedure as medically reasonable and necessary from the work-related injury of 04/13/2005. The etiology of back pain is multi-factorial. The evidence-based Occupational Medicine Practice Guidelines, 2nd Ed. of the American College of Occupational and Environmental Medicine (ACOEM) state that "Age, cardiovascular fitness, obesity, and non-work stress are other factors that have been correlated with low back pain. Many cases are idiopathic, as the mechanism of regional back pain has not yet been elucidated". The injured individual's imaging studies suggest evidence of multiple level degenerative disc disease and not one level disease. In addition, there is no evidence of instability. The specific pain generator has not been clearly demonstrated according to Dr. . The requested surgical procedure is largely based upon the results of a discogram. Discography according to the Orthopaedic Knowledge Update (OKU)-8 of the American Academy of Orthopaedic Surgeons and ACOEM's guidelines is controversial. The guidelines report that "discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disc injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests) and it can produce symptoms in controls more than a year later." Review of the discogram performed by Dr. reported more right-sided pain instead of left. The injured individual does not meet the criteria as outlined by the Washington State Department of Labor and Industries Guidelines for Lumbar Fusion (2002). The Occupational Medicine Practice Guidelines, 2nd Ed. on page 307 note "there is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared to natural history, placebo, or conservative treatment". "Surgery benefits fewer than 40% of patients with questionable physiologic findings. Moreover, surgery increases the need for future surgical procedures with higher complication rates". This injured individual has an intact neurological/physical examination without radiographic or clinical evidence of instability and primarily axial back pain.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

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

- Carragee EJ, et al. Provocative discography in patients after limited lumbar discectomy: a controlled randomized study of pain response in symptomatic and asymptomatic subjects. SPINE 2000; 25: 3065-71.
- Carragee EJ, et al. 2000 Volvo Award Winner in Clinical Studies: Lumbar high-intensity zone and discography in subjects without low back problems. SPINE 2000;25:2987-92.

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

- Occupational Medicine Practice Guidelines, 2nd Ed. of the American College of Occupational and Environmental Medicine. 2004: Chapter 12 Low Back Complaints



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- OKU-8 American Academy of Orthopaedic Surgeons –Discogenic Low Back pain -pages 546-551
- Washington State Department of Labor and Industries' Guidelines for Lumbar Fusion (August 2002).