

P-IRO Inc.

An Independent Review Organization
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DATE OF REVIEW: MAY 11, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

1. Is posterior lumbar fusion at L3-4 with scientx pioneer, hardware removal medically necessary?
2. If so, was a four day hospital stay 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

Cervical spine MRI, 09/14/04, 10/19/05 and 07/24/06
Operative report, 01/18/05
Office notes, Dr., 02/07/05, 04/06/05, 06/06/06, 09/27/05, 10/21/05, 02/17/06, 06/21/06, 07/24/06, 08/04/06 and 02/15/06
Electrodiagnostic study, 02/02/06
Notes, for Dr., 05/10/06, 05/23/06 and 09/11/06
History and physical, 08/04/06
Cervical and lumbar spine myelogram, 08/04/06
Post myelogram CT scan of the cervical and lumbar spine, 08/04/06
Lumbar spine myelogram, 08/04/06

PA for Dr., 09/12/06
Office notes, Dr., 09/12/06, 12/19/06 and 03/29/07
Note, RN for Dr., 09/29/06
Note, Dr., 12/29/06
Peer review, Dr., 12/28/06
Peer review, Dr., 01/04/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female, injured on xx/xx/xx. She is status post a lumbar fusion in 2001 at L4-5 and L5-S1 and C4-5 and C5-6 hemisectomies and fusion with external bone stimulation performed on 01/18/05.

Dr. saw the claimant on xx/xx/xx for complaints of a recurrence of neck and right arm pain and low back pain with some burning paresthesias in the right leg. She was working full time. A lumbar MRI performed around 10/19/05 was reviewed and noted by Dr. to show adjacent segment disease with stenosis at L3-4. At L2-3 and L5-S1 there appeared to be a pseudomeningocele with a subfascial fluid collection at approximately L3-S1. PA for Dr. evaluated her on 05/10/06 for a recent sudden onset of neck pain when rolling over and feeling a pop in her neck. She also reported continued cramping sensation into her right posterolateral thigh into her popliteal fossa and down into her lower leg. Bilateral lower extremity reflexes demonstrated only a trace patellar reflex on the right, 1 plus on the left, and 1 plus in the bilateral Achilles. She was also beginning to show the beginnings of transitional syndrome above and below the C4-6 fusion at C3-4 and C6-7.

Ultimately on 08/04/06 a lumbar spine myelogram demonstrated the most significant finding is at L3-4 where there was a moderate disc bulge/protrusion combining with posterior hypertrophy (likely hypertrophy of the ligamentum flavum) to produce moderate, diffuse central stenosis; previous anterior interbody fusions at L4-5 and L5-S1 with metallic hardware, laminectomies posterior to L4 and L5, with posterolateral fusions at L5-S1; residual hypoplastic but patent S1-2 disc incidentally, demonstrating mild endplate degenerative changes. Some underfilling was suggested of the proximal L4 nerve root sleeves, which were partially obscured by overlying metal.

The post CT showed a 3 millimeter diffuse disc bulge/protrusion most pronounced posterolaterally bilaterally which combines with hypertrophy of the ligamentum flavum to produce moderate, diffuse central stenosis; changes of the anterior interbody fusion with metallic hardware as well as posterolateral fusions and laminectomies at L4-5 and L5-S1; and residual hypoplastic, but patent S1-2 disc. She had continued paresthesias in the right L5 distribution and was referred back to Dr. for her lumbar spine complaints.

PA for Dr. evaluated the claimant on 09/12/06 for low back pain radiating down into the right posterior leg to the bottom of the foot with burning in the right ankle and a pins and needles sensation in the middle right toes, the inability to walk long distances and occasional give out of the right leg. She was on Celebrex (started the day before), Zanaflex, Lyrica and Norco. Examination findings were 1 plus reflexes in the left knee and 0 plus in the right knee and both ankles, 5-/5 strength in the right anterior tibialis, decreased sensation over the right shin and big toe, a positive straight leg raise on the right for increased low back pain at 90 degrees and an antalgic gait favoring the left leg. She stood with her weight off the right leg, but was able to sit comfortably in a chair.

She was unable to do heel/toe walks with the left foot due to edema and foot pain. Removal of the L4-5 and L5-S1 hardware, decompression and posterior stabilization with scientX dynamic stabilization rods at L3-4 with up to a three day length of stay was recommended. She was also to see Dr. regarding her depression and work on weight loss.

A peer review with Dr. for the surgery was done on 09/29/06 at which time he noted that less than 20 percent of hardware removal results in decreased pain. Dr. did not feel she was a fusion candidate and discussed a hardware block to determine her pain generator. On 12/19/06 Dr. indicated that the nerve block took her pain away for at least two days. On 12/29/06 Dr., psychologist cleared her for surgery.

Dr., orthopedic surgeon reviewed the case on 12/28/06 for the proposed surgery and indicated that the Dynesys was a variant on the Scientfx Pioneer. The request was denied due to the lack of instability and neurological deficit as well as no selective nerve root block, especially due to the L5 radicular complaints and findings, which was below the level of fusion requested or a selective nerve block at the level of surgery proposed. The review by Dr. on 01/04/07 stated that the claimant was a candidate for surgical decompression, but not fusion.

Dr. saw the claimant again on 03/29/07 noting a 30 pound weight loss. He changed the surgery to a decompression at L3-4.

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

The claimant has undergone previous cervical as well as lumbar surgery; the latter consisted of a L4 to S1 fusion. Based on the medical records, it appears that she has had complaints of back as well as right leg pain which appears to be radicular in nature with diminished sensation as well as weakness of the right anterior tibialis. There is decreased sensation over the right shin and big toe. There is positive straight leg raising. A CT myelogram demonstrated evidence of stenosis at L3-4 of the level cephalad to her previous instrumented fusion. There is no mention of epidural steroid injections. The Reviewer was asked to determine if the fusion at L3-4 with hardware removal was indicated. It does appear that this individual has spinal stenosis cephalad to a previous instrumented fusion. A simple decompression at this level would not be indicated. The fusion would require extension to L3-4. I would deem that the posterior fusion at L3-4 with the scientx pioneer instrumentation would be medically necessary and reasonable. The rationale is that a decompression at L3-4 cephalad to a previous fusion would be highly unstable. A fusion would be required following the decompression. There is no contraindication to the use of the above mentioned hardware.

However, the Reviewer would modify it to a three day stay which is standard for a lumbar decompression and fusion.

The rationale for the approval is that she appears to have stenosis cephalad to her previous decompression and fusion with weakness, nerve root tension and sensory changes. It is highly unlikely that further conservative measures would be helpful. A simple decompression above an instrumented infusion for junctional stenosis would not

be indicated without extending the fusion. If one simply did the decompression, it is highly likely that the L3-4 level would be rendered unstable.

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, Fifth Edition, 2007, Low Back Chapter, Fusion
- 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)