



DATE OF REVIEW: 05/16/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Decompression and Stabilization of L4-L5, L5-S1 with Transpedicular Fixation and Arthrodesis with a 3 day length of stay (03/09/07; 04/12/07)

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

Board certified Orthopaedic Surgeon, licensed in the State of Texas, and DWC ADL Approved.

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)

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Decompression and Stabilization of L4-L5, L5-S1 with Transpedicular Fixation and Arthrodesis with a 3 day length of stay	63047	03/09/07; 04/12/07	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Record Description	Record Date	Pages
1. MRI of the Lumbar	03/29/2006	2
2. Diagnostic Report - Lumbar - 5 Views	05/11/2006	1
3. Diagnostic Report - Sacrum - 3 Views	05/11/2006	1
4. Office Visit Report; Dr.	08/01/2006	3
5. Required Medical Examination; Dr.	10/20/2006	11
6. DWC 73; Dr.	10/30/2006	1
7. CT of the Lumbar Spine without Contrast	01/31/2007	2
8. Operative Report; Dr.	01/31/2007	3
9. Office Visit Report; Dr.	02/22/2007	2
10. Initial Utilization Review Denial Letter;	03/09/2007	2
11. Appeal Request - Letter of Rebuttal; Dr.	03/29/2007	1
12. Appeal Utilization Review Denial Letter;	04/12/2007	2

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient was injured on. The request submitted is for an IRO. The patient's submission is per Dr. for an L4-S1 Fusion. Medical notes submitted are brief, but suggest that because of positive discography, the patient is a candidate for an L4-S1 Fusion. Closely detailing the discography, Dr. performed this himself. The L3-4 level was normal. However, the L4-5 level did show positive morphology, but negative concordancy of pain. L5-S1 was described as 7/10 pain concordant in nature. A follow up visitation 2/27/07 with Dr. suggest the fusion is indicated.

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

Based upon evidence-based medicine, as well as what spine fusion surgery could provide, the request is not medically necessary. The discography is a poor prognosticator of fusion surgery. The discography itself was performed in a conflicted fashion, and was not a well done test with pressure data and velocity data recorded. The information provided suggests the requested procedure is not medically necessary.

The most recent online version of ODG suggests the requested treatment is not recommended for patients who have less than six months of failed conservative care, unless there is severe structural instability, and/or acute or progressive neurologic dysfunction, but recommended as an option for spinal fracture, dislocation, spondylolisthesis or neurogenic compromise, subject to the selection criteria outlined in the section below entitled, "Patient Selection Criteria for Lumbar Spinal Fusion." After screening for psychosocial variables, outcomes are improved and fusion may be recommended for degenerative disc disease with spinal segment collapse with or without neurologic compromise after 6 months of recommended conservative therapy. There is limited scientific evidence about the long-term effectiveness of fusion for degenerative disc disease compared with natural history, placebo, or conservative treatment, but studies conducted in order to compare different surgical techniques have shown success for fusion in carefully selected patients. (Gibson-Cochrane, 2000) (Savolainen, 1998) (Wetzel, 2001) (Molinari, 2001) (Bigos, 1999) (Washington, 1995) (DeBarard-Spine, 2001) (Fritzell-Spine, 2001) (Fritzell-Spine, 2002) (Deyo-NEJM, 2004) (Gibson-Cochrane/Spine, 2005) (Soegaard, 2005) (Glassman, 2006) (Atlas, 2006). According to the recently released AANS/NASS Guidelines, lumbar fusion is recommended as a treatment for carefully selected patients with disabling low back pain due to one- or two-level degenerative disc disease after failure of an appropriate period of conservative care. This recommendation was based on one study that contained numerous flaws, including a lack of standardization of conservative care in the control group. At the time of the 2-year follow up it appeared that pain had significantly increased in the surgical group from year 1 to 2. Follow-up post study is still pending publication. In addition, there remains no direction regarding how to define the "carefully selected patient." (Resnick, 2005) (Fritzell, 2004). Until further research is conducted there remains insufficient evidence to recommend fusion for chronic low back pain in the absence of stenosis and spondylolisthesis, and this treatment for this condition remains "under study." It appears that workers' compensation populations require particular scrutiny when being considered for fusion for chronic low back pain, as there is evidence of poorer outcomes in subgroups of patients who were receiving compensation or involved in litigation. (Fritzell-Spine, 2001) (Harris-JAMA, 2005) (Atlas, 2006) Despite poorer outcomes in workers' compensation patients, utilization is much higher in this population than in group health. (Texas, 2001) (NCCI, 2006) A recently published well respected international guideline, the "European Guidelines," concluded that fusion surgery for nonspecific chronic LBP cannot be recommended unless 2 years of all other recommended conservative treatments ? including multidisciplinary approaches with combined programs of cognitive intervention and exercises ? have failed, or such combined programs are not available, and only then in carefully selected patients with maximum 2-level degenerative disc disease. (Airaksinen, 2006)

Spinal fusion is sometimes considered in the treatment of a painful spinal condition without clear indications of instability. A major obstacle to the successful treatment of spine pain by fusion is the difficulty in accurately identifying the source of a patient's pain. The theory is that pain "may" originate from painful spinal motion, and fusing the vertebrae together to eliminate the motion will get rid of the pain. Unfortunately, current techniques to precisely identify which of the many structures in the spine that could be the true source of a patient's back or neck pain have not been perfected. The limits in our ability to accurately identify the painful structure make treatment of back or neck pain alone by spinal fusion very controversial. Fusion under these conditions is usually viewed as a desperate last resort and should be considered with limited optimism and great trepidation for the complications and potential for re-operation (Deyo et al., NEJM 2004).

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

ODG:

Patient Selection Criteria for Lumbar Spinal Fusion" - (Gibson-Cochrane, 2000) (Savolainen, 1998) (Wetzel, 2001) (Molinari, 2001) (Bigos, 1999) (Washington, 1995) (DeBarard-Spine, 2001) (Fritzell-Spine, 2001) (Fritzell-Spine, 2002) (Deyo-NEJM, 2004) (Gibson-Cochrane/Spine, 2005) (Soegaard, 2005) (Glassman, 2006) (Atlas, 2006) (Resnick, 2005) (Fritzell, 2004) (Fritzell-Spine, 2001) (Harris-JAMA, 2005) (Atlas, 2006) (Texas, 2001) (NCCI, 2006) (Airaksinen, 2006) (Deyo et al., NEJM 2004).

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: the Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 05/01/2007.