

DATE OF REVIEW:

09/24/2007

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

Transforaminal lumbar interbody fusion (TLIF) L3-S1 (CPT 22630; 22632; 63047 63048, 22840, 22842, 20936, and 20937).

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**

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 requested procedure transforaminal lumbar interbody fusion (TLIF) L3-S1 (CPT 22630; 22632; 63047 63048, 22840, 22842, 20936, and 20937) is not medically reasonable or necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 09/12/07
- MCMC Referral dated 09/12/07
- DWC: Notice To MCMC, LLC Of Case Assignment dated 09/11/07
- DWC: Notice Of Assignment Of Independent Review Organization dated 09/11/07
- DWC: Confirmation Of Receipt Of a Request For a Review dated 09/11/07
- DWC: IRO Request Form dated 09/11/07
- Letter dated 09/14/07
- LHL009: Request For a Review By An Independent Review Organization dated 08/27/07
- Letters dated 08/21/07, 07/31/07 from LVN
- Dr., M.D.: Telefacsimile Cover Sheet with handwritten notes dated 08/14/07, 07/26/07
- Doctor: Operative Note dated 06/21/07 from M.D.
- Center: Electromyography/Nerve Conduction Studies dated 05/18/07 from M.D.
- MRI lumbar spine dated 02/26/07
- M.D.: Office Visit notes dated 01/26/07 through 08/10/07
- M.D.: Initial Visit note dated 01/03/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male who was reported to have sustained injury. The mechanism of injury was picking up a half case of water. He developed immediate low back pain and pain into the right thigh. There is no documentation of treatment prior to 01/03/2007 when he was seen for the first time

by orthopedic surgeon. The injured individual reported that prior treatment was rendered by Dr., the company doctor. The injured individual reported 90% back pain and 10% leg pain. He has not returned to work. Past medical history is significant for a prior work related back injury. Discography was done at that time, but he was reportedly treated conservatively though Dr. in several of his notes mentioned the finding of a previous hemi-laminectomy on MRI. The physical and neurological examination on that date was essentially normal except for some findings of tenderness. The injured individual appears to be overweight, but there is no mention of his exact weight. It is reported that he has undergone a trial of steroids, anti-inflammatories, and exercises, but the documentation is sparse. He undergoes repeat MRI that reveals evidence of multiple level degenerative disc disease. Electrodiagnostic studies performed on 06/06/2007 are normal without any findings suggestive of radiculopathy. The injured individual undergoes right L3-L4 transforaminal epidural steroid injection with only short-term relief. He is re-evaluated by Dr. on 07/25/2007 who recommended a three level lumbar decompression and fusion. The physician noted that the patient has a normal neurological examination, but feels he has a femoral radiculopathy and multi-level degenerative disc disease. Flexion/extension radiographs revealed no evidence of instability. M.D., orthopedic surgeon, denied the request initially on 07/31/2007. His decision was upheld on reconsideration/appeal by M.D., orthopedic surgeon, on 08/21/2007. Both physicians cited the Official Disability Guidelines as their basis for denial. The record showed that in 08/2007 the injured individual initially deferred on surgical intervention.

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

The injured individual is a overweight male with predominately back pain following a purported work-related injury. Past medical history is significant for a prior history of a work-related back problem. One of the biggest predictors of a future episode of back pain is a prior history of one. The injured individual has undergone an extensive evaluation and work up without identification of an exact pain generator. Diagnostic studies have shown multiple level degenerative disc disease without a radicular component. There is limited scientific evidence about the long-term effectiveness of fusion for degenerative disc disease compared with natural history, placebo, or conservative treatment.

The **Official Disability Guidelines: *Lumbar fusion in workers' comp patients***: In cases of workers' compensation, patient outcomes related to fusion may have other confounding variables that may affect overall success of the procedure, which should be considered. 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](#)) Presurgical biopsychosocial variables predict patient outcomes from lumbar fusion, which may help improve patient selection. Workers' compensation status, smoking, depression, and litigation were the most consistent presurgical predictors of poorer patient outcomes. Other predictors of poor results were number of prior low back operations, low household income, and older age. ([DeBerard-Spine, 2001](#)) ([DeBerard, 2003](#)) ([Deyo, 2005](#)) ([LaCaille, 2005](#)) ([Trief-Spine, 2006](#)) Obesity and litigation in

workers' compensation cases predict high costs associated with interbody cage lumbar fusion. ([LaCaille, 2007](#)).

Pre-Operative Surgical Indications Recommended: Pre-operative clinical surgical indications for spinal fusion should include all of the following: (1) All pain generators are identified and treated; & (2) All physical medicine and manual therapy interventions are completed; & (3) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or discography (see [discography criteria](#)) & MRI demonstrating disc pathology; & (4) Spine pathology limited to two levels; & (5) [Psychosocial screen](#) with confounding issues addressed. (6) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing. ([Colorado, 2001](#)) ([BlueCross BlueShield, 2002](#)).

The injured individual has not met the pre-operative surgical recommendations as defined above. Spine pathology is at least three levels as defined by the requesting physician. There is no documentation of psychosocial screening and addressing of nonphysical factors

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

➤ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**