

# MEDICAL REVIEW OF TEXAS

10817 W. Hwy. 71  
Phone: 512-288-3300

Austin, Texas 78735  
FAX: 512-288-3356

Notice of Independent Review Decision

**DATE OF REVIEW: APRIL 7, 2008**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

L2, L3 laminectomy, PLF, PLIF legacy BMP, L3-4 Hardware removal and spinal cord monitoring

**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. Adverse determination letter including the primary and secondary reviews as well as the rationale and basis for denial.
2. Operative reports from 10/16/99 describing an L4 interbody fusion as well as bilateral L4 and L5 posterior lateral fusion with iliac crest grafting as well as decompressive laminectomies at L3, L4 and L5. Of note, the laminectomies were a re-do.

3. Lumbar myelogram with post myelographic CT which found previous lumbar surgery, as in fusion, at L3 with metal disc prostheses at L3 and L4 as well as a suspected disc bulge at L2. The myelographic aspects that followed found her to have mild to moderate lateral recess, and this is secondary to posterior bony hypertrophy at L4 greater on the right than on the left, degenerative disc disease with mild central stenosis at L2 secondary to disc bulge, facet arthropathy, a ligamentous thickening as well as the prior laminectomy from L3 through L5 with pedicle screws and posterior stabilization bars at L3. Of note, the myelogram did not include flexion extension films despite significant descriptions of the alignment of the lumbar spine.
4. MRI scan of the lumbar spine dated 9/20/06, which also showed a disc bulge at L2 leading to moderate spinal stenosis and postoperative changes from L3 through the sacrum.
5. Extensive clinic notes from Dr. from 1/9/88 to 3/24/08.
6. Operative report dated 05/21/98 describing a decompressive laminectomy at L4 and at L5.
7. ODG Guidelines provided.

#### **PATIENT CLINICAL HISTORY (SUMMARY):**

Patient has had a very storied past. She apparently had an injury first on xx/xx/xx which led to an L4 and L5 decompressive laminectomy. She then re-injured herself in xxxx. She was pulled down by an employee who had apparently lost their balance. She developed substantial lumbar pain and left low back pain. This led to her second surgical procedure. This time a re-do L3, L4 and L5 decompressive laminectomy with interbody fusion at L4-5 and a posterior lateral fusion at L4 and at L5 leaving her fused from L4 to the sacrum. If she improved it was relatively transient, however, she needed a third surgical procedure on 04/03/02 at which point she had a second fusion, again with a lumbar interbody fusion at L3 and instrumentation at L3 and L4. According to Dr.'s notes, again the patient continued to complain diffusely of back and intermittently left and right leg pain. This became a little more consistent in 2006, which led to an MRI scan revealing narrowing of the L2 disc space and moderate stenosis. Later in 2007 she had the CT myelogram that is mentioned above and following that, Dr. is recommending an L2, L3 decompressive laminectomy with posterior lateral fusion, posterior lumbar interbody fusion, legacy BMP and hardware removal.

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

This patient does appear to have progressive spinal stenosis; however, there is no evidence that this patient needs a fusion. Certainly this patient is to a point that transitional stenosis is related to inferior fusions, therefore one should be extraordinarily judicious with future fusions. There is a very high probability that if L2 were fused as were L3 and L4 she will soon have difficulty at L1 leaving her with a fused lumbar spine and problems beyond what she is experiencing now.

Objectively, this patient meets no criteria for lumbar instability beyond facet hypertrophy and ligamentous hypertrophy which Dr. feels are signs sufficient to justify a spinal fusion; this can not be supported by any peer reviewed literature. In fact the **ODG Guidelines, the American Association of Neurological Surgeons, the North American Spine Society Guidelines for Spine Fusion**, would specifically reject this patient for a fusion.

Therefore, the laminectomy procedure decision is overturned. The fusion and removal of hardware decision is upheld.

**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**

**X 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**

1. ***American Association of Neurological Surgeons***
2. ***North American Spine Society Guidelines for Spine Fusion***

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