

## Notice of Independent Review Decision

### DATE OF REVIEW:

04/15/2008

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

360 Fusion L4-5

### 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 360 Fusion L4-5 is not medically necessary.**

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 04/07/08
- MCMC Referral dated 04/07/08
- E-mail fax dated 04/08/08
- DWC: Notice To MCMC, LLC Of Case Assignment dated 04/07/08
- DWC: Notice Of Assignment Of Independent Review Organization dated 04/07/08
- DWC: Confirmation Of Receipt Of A Request For A Review dated 04/04/08
- Letter dated 04/04/08
- Letters dated 03/27/08, 03/13/08
- DWC: LHL009 dated 03/19/08
- COPE: Letter dated 03/03/08 from Ph.D.
- Surgery Scheduling Slip/Checklist dated 01/23/08
- Back Institute: Follow Up note dated 01/23/08 from D.O.
- Pain Institute: Procedure Note (Analgesic Lumbar Discogram) dated 01/10/08 (first page only)
- Back Institute: Follow Up notes dated 01/09/08, 09/17/07 from P.A.
- Diagnostics: Electrodiagnostic report dated 01/08/08 from D.O.
- Back Institute: Consultation dated 08/20/07 from, P.A.
- Back Institute: Patient Profile dated 08/20/07
- Back Institute: Injured Worker Information dated 06/29/07
- Surgical Hospital: CT lumbar spine dated 06/21/07

- Surgical Hospital: Operative Report dated 06/21/07 from DO.
- D.O.: Follow Up Visit notes dated 06/12/07, 05/01/07
- Physician's Surgical Center: Procedure Notes dated 05/16/07, 04/04/07 from D.O.
- D.O.: Initial Visit/History and Physical dated 03/14/07
- Medical Imaging: MRI lumbar spine dated 12/12/06
- Dr. Undated Outpatient Discharge Instructions
- Back Institute Preauthorization Request Form (undated)
- Undated copy of claimant's Drivers License
- NOTE: Carrier did not supply ODG guidelines.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a male who was working as an xxx when he was reported to have sustained a work-related injury. The described mechanism of injury was falling backwards landing on his tailbone and back. He has not returned to work in any capacity since the day of injury. The initial care and treatment is missing from the medical record. The first record is a MRI of the lumbar spine performed on 12/12/06. It revealed evidence of multiple level degenerative disc disease with abnormalities reported at every lumbar level. The next record is an initial evaluation performed by D.O., a pain management physician on 03/14/07. He reported that the injured individual had undergone conservative care to include physical therapy (PT) and chiropractic treatment, but there are no records documenting that treatment. He recommended and performed two lumbar epidural steroid injections (ESIs) on 04/04/07 and 05/16/07. The lumbar ESIs did not offer long term benefit. Dr. then performed a three level discogram on 06/21/07. He referred the injured individual to D.O. Dr. evaluated the injured individual on 08/20/07. Dr. noted a past medical history of rheumatoid arthritis. His impression was a disc protrusion at L4-L5, as well as disc protrusions at L3-L4, L2-L3 and low back pain. The injured individual was placed on a Medrol Dose-Pak, pain medication, and a neurostimulator.

Electrodiagnostic studies were done on 01/08/08 and normal. A discogram was performed again on 01/10/08 and reported abnormal at L4-L5 with concordant pain. PhD. noted on psychosocial assessment on 03/03/08 a fair prognosis for pain reduction and functional improvement for the proposed surgical procedure. Dr. had recommended a 360 Fusion at L4-L5.

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

The injured individual is a male who was reported to have sustained a work-related injury as a result of a fall at his place of employment. The mechanism of injury as described would have been most consistent with an acute lumbar strain/ sprain. Initial medical documentation regarding conservative care is absent from the medical record. MRI revealed evidence of multiple level degenerative disc disease. His neurological picture has been relatively intact and electrodiagnostic testing is normal. His primary complaint appears to be axial back pain. His course has been protracted and he has not returned to work in any capacity since injury. The requested procedure is recommended mainly on an abnormal discogram. In addition, recent psychosocial assessment noted a fair prognosis for pain reduction and functional improvement for the proposed surgical procedure. The requested surgical procedure is not supported by 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](#)) ([Maghout-Juratli, 2006](#)) ([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](#)) A recent study of 725 workers' comp patients in Ohio who had lumbar fusion found only 6% were able to go back to work a year later, 27% needed another operation, and over 90% were in enough pain that they were still taking narcotics at follow-up. ([Nguyen, 2007](#))

There is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehabilitation pre-operatively, total disability over six months, active psychiatric diagnosis, and narcotic dependence. The injured individual has not returned to work since injury and is relatively inactive. Most of his day is spent watching TV.

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

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