

## Notice of Independent Review Decision

### **DATE OF REVIEW:**

08/25/2008

### **IRO CASE #:**

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

Anterior lumbar interbody fusion at L4-5 and L5-S1, posterior lumbar decompression with posterolateral fusion and pedicle screw instrumentation at L4-5 and L5-S1.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, and Specializing in Pain Management

### **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 anterior lumbar interbody fusion at L4-5 and L5-S1, posterior lumbar decompression with posterolateral fusion and pedicle screw instrumentation at L4-5 and L5-S1 is not medically necessary.**

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

The injured individual is a female with back injury from xx/xx. She had epidural steroid injections (ESIs), physical therapy (PT), medications, and work hardening and individual psychotherapy. The MRI showed L2 compression fracture, a tear at L3-5, and protrusion at L5/S1. The injured individual had a psychiatric evaluation in 03/2007 that noted high levels of depression and anxiety therefore psychotherapy was started. She was retested with still significant depression and worsening anxiety. The injured individual had a fusion recommended in 02/2008 and subsequent psychiatric testing showed ongoing high levels. The injured individual then was admitted for a drug overdose in Xx/xxxx. She was psychiatric tested again in 06/2008 and Beck Depression Index (BDI) was 34, Beck Anxiety Index (BAI) was 25 which were just about the same severity as in 03/2007. In addition, the surgeon's note of 01/2008 showed only a decreased sensation in the left L5 dermatome. He asked for a discogram and flexion/extension films. There is no indication these were ever done. The only other surgical note is from 02/2008 (pre drug overdose admission) and it states the injured individual now had reduced strength in the left tibialis anterior and gastrocnemius muscle as well as the L5 sensory loss.

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

The injured individual is a female with back injury from xx/xx. She had ESIs, PT, medications, and

work hardening and individual psychotherapy. The MRI showed L2 compression fracture, a tear at L3-5, and protrusion at L5/S1. The surgery is denied due to multiple issues. First, the attending provider (AP) wanted a discogram and flexion/extension films. There is no indication these were done. Second, the injured individual has an overtly positive psychiatric history both by chronic testing and a recent admission for drug overdose. This injured individual is not psychologically stable or an appropriate candidate for a major operative procedure which at best has a fair success rate in the general population and a worse outcome when psychological factors are present.

**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 2004 pg 305-306.**

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

Official Disability Guidelines 2008: Patient Selection Criteria for Lumbar Spinal Fusion:

For chronic low back problems, fusion should not be considered within the first 6 months of symptoms, except for fracture, dislocation or progressive neurologic loss. Indications for spinal fusion may include: (1) Neural Arch Defect - Spondylolytic spondylolisthesis, congenital neural arch hypoplasia. (2) Segmental Instability (objectively demonstrable) - Excessive motion, as in degenerative spondylolisthesis, surgically induced segmental instability and mechanical intervertebral collapse of the motion segment and advanced degenerative changes after surgical discectomy. [For excessive motion criteria, see AMA Guides, 5th Edition, page 384 (relative angular motion greater than 20 degrees). (Andersson, 2000) (Luers, 2007)] (3) Primary Mechanical Back Pain (i.e., pain aggravated by physical activity)/Functional Spinal Unit Failure/Instability, including one or two level segmental failure with progressive degenerative changes, loss of height, disc loading capability. 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. There is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. [For spinal instability criteria, see AMA Guides, 5th Edition, page 379 (lumbar inter-segmental movement of more than 4.5 mm). (Andersson, 2000)] (4) Revision Surgery for failed previous operation(s) if significant functional gains are anticipated. Revision surgery for purposes of pain relief must be approached with extreme caution due to the less than 50% success rate reported in medical literature. (5) Infection, Tumor, or Deformity of the lumbosacral spine that cause intractable pain, neurological deficit and/or functional disability. (6) After failure of two discectomies on the same disc, fusion may be an option at the time of the third discectomy, which should also meet the ODG criteria. (See ODG Indications for Surgery -- Discectomy.)

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)