

# US Resolutions Inc.

*An Independent Review Organization*

71 Court Street

Belfast, Maine 04915

## Notice of Independent Review Decision

**DATE OF REVIEW: AUGUST 22, 2008**

**IRO CASE #:**

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

Re-do decompression with fusion at L2-3, L3-4, L4-5 and L5-S1

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

MD, Board Certified Orthopedic Surgeon

### **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.

The reviewer finds that medical necessity does not exist for Re-do decompression with fusion at L2-3, L3-4, L4-5 and L5-S1.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Operative report, Dr. 01/28/08, 6/19/08

History and Physical, 1/23/08

MRI lumbar spine, 3/9/07, 01/29/08, 03/08/08, 5/8/08

MRI cervical spine, 1/22/08

XR lumbar spine, 12/26/07

Physical therapy note, 02/27/08

Office note, Dr. 03/18/08, 05/28/08, 7/1/08, 4/24/08, 3/11/08, 2/14/08, 11/16/07, 10/23/07, 8/23/07

Letters, Dr. 7/17/08, 12/14/07, 12/4/07

MD, 10/3/07  
Patient History Form, Spine Institute, 8/23/07  
Office note, Dr. 05/01/08  
Peer review, 07/16/08, 07/24/08  
Peer review, 01/17/08  
ODG Guidelines and Treatment Guidelines

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

This is a male who was status post decompressive laminectomy and foraminotomy from L2 to S1 on 01/28/08. The claimant continues to complain of back and leg pain. The MRI of the lumbar spine, dated 03/08/08 showed L2-S1 bilateral wide laminectomies, no recurrent residual disc and multi level degeneration resulting in foraminal stenosis. Dr. saw the claimant on 03/18/08. Strength was intact. Physical therapy was recommended. The claimant saw Dr. on 05/01/08 who noted that the claimant felt that he was psychologically unstable and planned follow up with a psychiatrist. Dr. felt that the Neurontin maybe causing some agitation. Neurontin was discontinued. The claimant was to wean from his intrathecal medications. Dr. saw the claimant on 05/28/08. Dr. felt that the MRI showed severe stenosis at L3, L4 and L5 nerve roots. The claimant was referred for injections.

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

The requested redo decompression and fusion L2-3, L3-4, L4-5, and L5-S1 are not medically necessary based on review of this medical record. It would appear that this person underwent a 01/28/08 decompressive laminectomy and foraminotomy L2 through S1 and has had ongoing pain complaints. A 03/18/08 office visit of Dr. documents normal strength and absent reflexes, but it does not document any structural instability or progressive neurologic deficit.

There is a 05/28/08 office visit of Dr. that documents some residual pain complaints and describes MRI changes showing stenosis and nerve root impingement, yet it does not describe any abnormal physical findings. The record does not describe different types of conservative care nor does it describe evidence of neurologic deficit, protective muscle spasm, disuse muscle atrophy, or progressive loss of function. There is no recent documentation of new x-rays and no documentation of structural instability.

While the guidelines state that lumbar fusion can be used in patients who have failed conservative care with structural instability and even as part of a redo decompression procedure, as oftentimes the surgeon will cause structural instability as part of a wide decompression, it is not clear in this record as to the indications for redo decompression, as there is no documentation of where the pain is located or how it has responded to any conservative care.

The reviewer finds that medical necessity does not exist for Re-do decompression with fusion at L2-3, L3-4, L4-5 and L5-S1.

Official Disability Guidelines Treatment in Workers' Comp 2008 Updates, low back-fusion, lumbar

**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](#)).

**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
- 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
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)