



Medical Review Institute of America, Inc.
America's External Review Network

February 11, 2008

IRO Case #:

Description of the services in dispute:

Medical necessity of L4-5 posterior lumbar decompression and interbody fusion.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer completed a fellowship in Pediatric Orthopaedic Surgery. This reviewer is a member of the American Academy of Orthopaedic Surgeons and the Pediatric Orthopaedic Society of North America. This reviewer has been in active practice since 2000.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld.

The procedure is not medically necessary. The patient does satisfy ODG criteria for decompression of the Left L5 nerve root based on EHL weakness, imaging showing L5 nerve root compression, and satisfaction of conservative treatment criteria. However, the patient does not satisfy criteria for L4/5 fusion since no instability has been proven, discography is poorly accepted, and the patient has not had a psychosocial screen with confounding issues addressed.

Information provided to the IRO for review

RECORDS RECEIVED FROM THE STATE:

notice of appeal filed: letter 2 Jan 2008, 7 pages

Letters to from Medical Department, 6 pages

RECORDS RECEIVED FROM HEALTH CARE:

Request for reconsideration letter to dated 1/2/08, 3 pages

peer review 31 Dec 2007, 5 pages
non-certification: letter 20 Dec 2007

Orthopaedic Group: clinical note 4 Dec 2007
Imaging Center: L3/4-L5/S1 discogram 16 Nov 2007
Imaging Center: L4/5 DSI 16 Nov 2007
Imaging Center: post-discogram CT 16 Nov 2007
Imaging Center: CXR and L spine series 16 Nov 2007
Orthopaedic Group: clinical note 2 Oct 2007
Medical Center: clinical note 30 Aug 2007
Imaging Center: LS Spine MRI 27 Aug 2007
Imaging Center: L spine series 27 Aug 2007
Medical Center: clinical note 1 Aug 2007
Evaluation Centers: Designated Doctor Eval 4 May 2007
Pain Management Center: op report ESI#3 4 Apr 2007
Medical Center: clinical note 15 Mar 2007
Institute: clinical note 13 Feb 2007

Pain Management Center: clinical note 5 Feb 2007
Pain Management Center: billing dispute 11 Jan 2007
Designated Doctor Eval #2 20 Nov 2006
Pain Management Center: clinical note 13 Nov 2006
Medical Center: clinical note 13 Nov 2006 letter 6 Nov 2006
Pain Management Center: initial eval 16 Oct 2006
Medical Center: dispute of MMI 22 Sep 2006
Chiropractic peer review 26 Jul 2006
Orthopedics: clinical note 7 Aug 2006
Designated Doctor Eval 5 Jul 2006
Medical Center: clinical note 17 May 2006
Pain Management Consultants: clinical note 10 May 2006
Diagnostics: EMG/NCS 26 Apr 2006
Review Services: Chiropractic peer review 25 Apr 2006
Medical Center: clinical note 30 Mar 2006
Family Practice: clinical note 14 Mar 2006
clinical note 9 Feb 2006
PT/clinical note 5 Dec 2005, 2 Dec 2005, 21 Nov 2005

Patient clinical history [summary]

The patient is a xx year old male who injured his lower back xx/xx/xx while pushing a casket and is now indicated for L4/5 posterior decompression and interbody fusion by Dr. Peer review done by Dr. 31 Dec 2007 certified the decompression but non-certified the fusion because it did not meet fusion criteria. Dr. appealed the non-certification for the fusion.

The patient has had an unusually long period of disability and convalescence from his low-energy injury sustained over 27 months ago. Initially, the patient's complaint was low back and right lower extremity pain. Apparently, an MRI performed 27 Dec 2005 showed right L4/5 HNP with minimal compression of the right exiting nerve root. The patient had PT/chiropractic care without success and in April 2006 and had EMG/NCS results that were normal. In August 2006, the patient saw Dr. who recommended ESI. The patient continued to have conservative treatment and his neurologic exam eventually normalized. He was evaluated on several occasions by multiple Designated Doctors and felt to have achieved maximal medical improvement. By February 2007, the patient was found to have a benign exam and was cleared to return to work lifting no more than 40 lbs.

The patient continued under the care of Dr's. and until 1 August 2007. On that day, Dr. examined the patient the day after the patient reported lifting a clod of grass and experiencing new onset back and lower extremity pain. Dr. documented left paraspinal spasm and decreased motor strength in the entire right lower extremity.

A new LS spine MRI done on 27 August 2007 revealed a left paracentral 3-4 mm disc protrusion/herniation at L4/5 that impinged on the anterior medial aspect of the left L5 nerve root. At follow-up with Dr. on 30 August 2007 (with the benefit of the MRI findings), Dr. documented a new left lower extremity motor weakness and complete resolution of the right lower extremity neurologic signs. The patient was referred to Dr.

Dr. first saw the patient on 2 October 2007. He noted left EHL weakness. Dr. concluded that the patient was over two years s/p his work-related injury (failing to note the new injury dated xx/xx/xx) and ordered discography, DSI, and post DSI CT. Dr. follow the patient up on 4 Dec 2007 and recommended L4/5 decompression and interbody fusion based on left EHL weakness, persistent low back pain and stiffness and a positive discogram at L4/5.

The patient is now 6 months status post new injury to his back with new findings of a left paracentral L4/5 HNP. His original injury in xx/xx had essentially normalized, at least neurologically, and does not play a significant role in his present complaints.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

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A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG, Low Back, discectomy Indications for Surgery

ODG, Low Back, fusion, Patient Selection Criteria for Lumbar Spinal Fusion

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