

True Resolutions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 07/10/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L2-L3, L3-L4 posterior lumbar interbody fusion

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

Board Certified Neurosurgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letter 4/22/08 and 5/15/08

Medical Records from Dr.: 4/4/08 and 2/29/08; OP Report 3/31/08

Lumbar myelogram and post-myelo CT report 03/31/2008

Psychological Eval 3/17/08 and 3/23/08

OP Report: epidural steroid injection 11/26/07

Lumbar Spine X-rays report 12/07/2000, 01/23/2001, 4/13/08

MRI of the lumbar spine with and without contrast 4/26/2007

Medical Records from Back Institute 7/27/01 and 12/7/00

Records from Dr. 7/10/01 and 11/3/00

OP Report 1/23/01

MRI 4/23/01

OP Report – epidural steroid injection 2/13/03

SOS Center 12/19/03 and 1/7/04
MRI 12/31/03
Electrophysiologic study 12/30/03

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year-old male who was injured at work xx/xx/xx while pulling two pipe wrenches together. He is status post L4-5 fusion with removal of hardware. He has back pain that radiates into the lower extremities. He also gets numbness in his feet. He is unable to walk far or stand much without getting the pain. The pain is relieved somewhat by bending forward. He has had PT, ESI's, and pain management. He has smoked one pack of cigarettes per day for 35 years. His neurological examination reveals patchy sensory loss in the lower extremities with decreased reflexes bilaterally. There is some weakness in the left tibialis anterior and quadriceps. A myelogram and post-myelo CT of the lumbar spine 03/31/2008 reveals anterolisthesis of L3 on L4. There is moderate-to-severe stenosis at L3-L4 and mild-to-moderate stenosis at L2-L3. There are similar findings on an MRI of the lumbar spine 04/26/2007. What is also seen on the MRI is severe degeneration and disc space collapse at L3-L4. The provider is recommending an L2-L3, L3-L4 posterior lumbar interbody fusion.

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

The patient has symptoms primarily of neurogenic claudication from his spinal stenosis at L2-L3 and L3-L4. It is noted that there is a mild spondylolisthesis at L3-L4, but this is not quantified. In addition, a spondylolisthesis at L2-L3 is not reported. Spinal stenosis is treated primarily by a decompression (lumbar laminectomy). There is some evidence that a fusion can be of benefit, and is an option, when decompressing a lumbar stenosis in the setting of a spondylolisthesis. However, in this case, there is no quantification of the degree of spondylolisthesis at L3-L4, nor there is any mention of spondylolisthesis at L2-L3. Therefore, based on the documentation the proposed surgery is not medically necessary.

References/Guidelines

ODG "Low Back"

Laminectomy:

For patients with lumbar spinal stenosis, surgery (standard posterior decompressive laminectomy alone, without discectomy) offered a significant advantage over nonsurgical treatment in terms of pain relief and functional improvement

Lumbar fusion for spondylolisthesis: Recommended as an option for spondylolisthesis. Patients with increased instability of the spine after surgical decompression at the level of degenerative spondylolisthesis are candidates for fusion. ([Eckman, 2005](#)) This study found only a 27% success from spinal fusion in

patients with low back pain and a positive single-level low-pressure provocative discogram, versus a 72% success in patients having a well-accepted single-level lumbar pathology of unstable spondylolisthesis. ([Carragee, 2006](#)) Unilateral instrumentation used for the treatment of degenerative lumbar spondylolisthesis is as effective as bilateral instrumentation. ([Fernandez-Fairen, 2007](#)) Patients with degenerative spondylolisthesis and spinal stenosis who undergo standard decompressive laminectomy (with or without fusion) showed substantially greater improvement in pain and function during a period of 2 years than patients treated nonsurgically, according to the recent results from the Spine Patient Outcomes Research Trial (SPORT). ([Weinstein-spondylolisthesis, 2007](#)) ([Deyo-NEJM, 2007](#)) For degenerative lumbar spondylolisthesis, spinal fusion may lead to a better clinical outcome than decompression alone. No conclusion about the clinical benefit of instrumenting a spinal fusion can be made, but there is moderate evidence that the use of instrumentation improves the chance of achieving solid fusion. ([Martin, 2007](#)) A recent systematic review of randomized trials comparing lumbar fusion surgery to nonsurgical treatment of chronic back pain associated with lumbar disc degeneration, concluded that surgery may be more efficacious than unstructured nonsurgical care but may not be more efficacious than structured cognitive-behavior therapy. Methodological limitations of the randomized trials prevented firm conclusions. ([Mirza, 2007](#))

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)**