

# True Decisions Inc.

An Independent Review Organization  
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Notice of Independent Review Decision

**DATE OF REVIEW:** October 9, 2008

**IRO CASE #:**

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

Medical necessity for Anterior interbody fusion with fixation L4/5, retroperitoneal exposure and discectomy L4/5, posterior decompression L4/5, transverse process fusion L4/5 with two or three day inpatient stay and Cyber tech TLSO brace.

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

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)

Anterior interbody fusion with fixation L4/5, retroperitoneal exposure and discectomy L4/5, posterior decompression L4/5, transverse process fusion L4/5 with two or three day inpatient stay IS medically necessary.

Cyber tech TLSO brace IS NOT medically necessary.

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

OD Guidelines

notes, 06/06/07, 06/13/07

MRI lumbar spine, 06/14/07

Lumbar spine X-rays, 6/14/07

EMG, 06/28/07

Office notes, Dr. 07/16/07, 10/29/07, 12/04/07, 01/23/08, 05/02/08, 08/25/08

MRI right hip, 08/18/07

Office note, Dr., 08/28/07

Operative report, Dr. 09/21/07

RME, Dr., 11/01/07  
Note, LPC, 2/29/08  
RMW, Dr. 04/02/08  
notes, 05/15/08 to 5/20/08  
Office note, Dr. 05/23/08  
Discogram, 08/15/08  
Peer review, Dr., 09/03/08  
Peer review, Dr., 09/15/08

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

This is a xx year-old male with primarily low back pain. The MRI of the lumbar spine from xx/xx/xx showed no evidence of acute fracture or vertebral body collapse, grade I, 20 percent spondylolytic spondylolisthesis of L4 with a 2 millimeter circumferential disc bulge. There was partial sacralization of L5 bilateral pseudoarthrosis. Electromyography testing from 06/28/07 was normal. The claimant underwent a discogram on 08/15/08 which revealed concordant pain at L4-5 and negative L3-4. Dr. examination on 08/25/08 revealed straight leg raise positive on the right at 60 degrees with pain in low back and right lower extremity, Lasègue positive on right with pain in the low back and extending to the right knee, strength of 4/5 to the right extensor hallucis longus and numbness on the right from the proximal thigh to all 5 toes was reported.

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

This claimant has a clearly documented 20 percent spondylolisthesis at L4-5. Concordant pain seems to be present at that level as well. While this in and of itself is not a surgical indicator, it is one more piece of information to be used. There would appear to be ongoing radicular complaints.

When one applies the Official Disability Guidelines to this case, it would appear that a very thorough evaluation has been performed to identify pain generators. There is documentation of rehabilitation efforts. The MRI does outline instability at L4-5. It would appear that pathology is limited to the two lower levels.

Psychosocial screening has been conducted in this case, and with three completed sessions, psychologic clearance was obtained in February of 2008. There is no documentation that this person is a smoker.

Taking all of this into account, it would certainly appear that this claimant meets the criteria for lumbar fusion. The Milliman Guidelines would approve up to a three day length of stay.

This is not a case of purely "discogenic" pain. It is not a case of disc herniation. Rather, it is a case of instability. The medical records in this case clearly outline spondylolisthesis with bilateral pars interarticularis defects. Conservative care has been appropriate. Bracing after this procedure is not at all uncommon. However, the guidelines would outline that after instrumented fusion, mobilization would be more acceptable. There is no good evidence supporting the use of these devices in this setting, but there is a great deal of tradition.

In short, I would recommend that this claimant is a good candidate for anterior interbody fusion with fixation at L4-5 due to instability. A retroperitoneal exposure will be needed. Posterior instrumentation is quite appropriate. Up to a three day length of stay could be approved. There is no good scientific evidence outlined in the guidelines for the use of the brace, however.

Official Disability Guidelines Treatment in Workers' Comp 2008 Updates, low back-Brace-Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. Although there is a lack of data on outcomes, there may be a tradition in spine surgery of using a brace post-fusion, but this tradition may be based on logic that antedated internal fixation, which now makes the use of a brace questionable. For long bone fractures prolonged immobilization may result in debilitation and stiffness; if the same principles apply to uncomplicated spinal fusion with instrumentation, it may be that the immobilization is actually harmful. Mobilization after instrumented fusion is logically better for health of adjacent segments, and routine use of back braces is harmful to this principle. There may be special circumstances (multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures, etc.) in which some external immobilization might be desirable. (Resnick, 2005)

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,

Milliman Care Guidelines, Inpatient Surgery, 12th Edition

**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)