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DATE OF REVIEW:

Apr/01/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral lumbar fusion with pedicle screw at L4-5 and L5-S1 (22612, 63048, 63047, 22851, 22614, 22840) with a 9-day inpatient stay

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

M.D., 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

This is a male with complaints of low back pain. The MRI of the lumbar spine from 03/08/07 revealed moderate degenerative changes with moderate bilateral neural foraminal stenosis at L5-S1. There were mild broad based disc bulges at L4-5 and L5-S1 with a small annular tear at L5-S1. There was moderate bilateral neural foraminal stenosis at L5-S1. The CT of the lumbar spine from 10/15/07 revealed diffuse annular fissuring at L5-S1 with 5-6 millimeter diffuse annular bulge contacting the S1 nerve root sleeves with possible compromise of the

left S1 nerve root to a greater degree than the right. Posterior radial tear at L4-5 with a 4 mm broad based posterior disc protrusion and mild central canal narrowing and 2-3 millimeter annular bulge at L3-4 with posterior central radial tear was reported.

The CT lumbar myelogram from 10/08/08 showed mild multi level relatively uniform disc spondylosis, slight loss of disc space height with annular spondylosis of bulging annular margin minimally and circumferentially with anterior endplate spurring. L5-S1 was the most significantly effected but it was still only mild, perhaps moderate in degree with annular spondylosis but it does produce moderately severe bilateral foraminal stenosis due to the bulging annular margin and even osteophyte spurring from the endplate margins into the foramen. The lumbar spine x-rays including flexion and extension from 10/08/08 revealed minimal inferior endplate spurring at multiple levels in the lumbar region with normal discs and no significant stenosis. It was noted that there was excellent performance and normal movement of the spine in flexion extension. On 10/24/08, Dr. reviewed CT myelogram from 10/08/08 and stated that it corresponded with the discogram. Dr. stated that at the L5-S1 level there was severe bilateral foraminal stenosis and bulging annulus with mild narrowing of the lateral recesses at L4-5. Dr. stated that discogram revealed a broad based posterior disc protrusion at the L4-5 level that measured 4 millimeter with mass effect on the anterior thecal sac. The claimant reported that he had 40percent back and 60 percent leg pain, right leg worse than left leg pain. Dr. stated that there was some abnormality at L3-4 but did not think that it was causing him a lot of trouble. Dr. recommended bilateral lumbar fusion with pedicle screws at L4-5 and L5-S1. The 12/01/08 psychological evaluation recommended psychotherapy and did not address surgery. Dr. has followed the claimant and last saw him on 03/04/09. Examination revealed mildly antalgic gait favoring the right lower extremity, restricted lumbar flexion with pain, positive straight leg raise on the right in the sitting position, intact reflexes to the lower extremities, intact strength to the lower extremities and decreased sensation over the right lower extremity.

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

Request was for the medical necessity of an L4-5, L5-S1 lumbar fusion with pedicle screws. The date of injury is. There was no documented spinal instability though the patient had discograms and psychosocial screening. It was noted that the psychologist only commented on the recommendations for psychotherapy and it did not address surgical issues and if the patient was an appropriate candidate. Without the documented instability, this reviewer would not approve the procedure based on the requirement of axial back pain. The reviewer finds that medical necessity does not exist for Bilateral lumbar fusion with pedicle screw at L4-5 and L5-S1 (22612, 63048, 63047, 22851, 22614, 22840) with a 9-day inpatient stay.

Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, low back, fusion

ODG- Patient Selection Criteria for Lumbar Spinal Fusion

Not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction, but recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria outlined in the section below entitled, "Patient Selection Criteria for Lumbar Spinal Fusion," after 6 months of conservative care. For workers' comp populations, see also the heading, "Lumbar fusion in workers' comp patients." After screening for psychosocial variables, outcomes are improved and fusion may be recommended for degenerative disc disease with spinal segment collapse with or without neurologic compromise after 6 months of compliance with recommended conservative therapy. There is limited scientific evidence about the long-term effectiveness of fusion for degenerative disc disease compared with natural history, placebo, or conservative treatment. Studies conducted in order to compare different surgical techniques have shown success for fusion in carefully selected patients.

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)

Milliman Care Guidelines, Inpatient Surgery, 13th Edition

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)