CLAIMS EVAL

Utilization Review and
Peer Review Services

Notice of Independent Review Decision-WC

DATE OF REVIEW: 8-13-09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

22612 Lumbar spine fusion, 22630 Lumbar spine fusion, 22840 Insert spine fixation, 22851 apply spine prosthesis device, 20937 SP bone graft morsel

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

American Board of Orthopaedic Surgery-Board Certified

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 12-30-08 MRI of the lumbar spine.
- 1-27-09 X-ray of the lumbar spine.
- 1-27-09 CT scan of the lumbar spine.
- MD., office visits from 4-3-09 through 5-2-09.
- 4-24-09 Psychological evaluation.
- 5-22-09 MD., performed a Utilization Review.
- 6-18-09 MD., provided a letter of Appeal.
- 7-1-09 MD., performed a Utilization Review.

PATIENT CLINICAL HISTORY [SUMMARY]:

MRI of the lumbar spine dated 12-30-08 shows at L5-S1 level degenerative change and posterior narrowing with anterolisthesis and bilateral spondylolysis.

X-ray of the lumbar spine dated 1-27-09 shows no acute fracture identified.

CT scan of the lumbar spine dated 1-27-09 shows grade I spondylolysis spondylolisthesis. The L5-S1 foraminal shows moderate to severe encroachment. The exiting L5 nerve root sheaths are contacted at the foraminal level, essentially on the left. The lateral recesses at L5-S1 are borderline stenotic. No central canal stenosis of the lumbar spine seen. Minimal levoscoliosis of the lumbar spine is shown.

On 4-3-09, Dr. reports the claimant is status post lumbar epidural steroid injection performed on 3-23-09. The claimant reports no change in his clinical status. The claimant has sharp shooting radiations to the left lower extremity associated with burning sensation and tingling and numbness all the way down to the plantar aspect of the foot. The evaluator recommended transforaminal lumbar interbody fusion at L5-S1 since he has saturated care and had failed response to the lumbar epidural steroid injection. The claimant is provided with refill of medications to include Vicodin, Ambien CR, Naproxen, and compound transdermal medication.

Psychological evaluation dated 4-24-09 shows the claimant did not have any contraindication for the procedure from a psychological perspective.

On 5-2-09, MD., notes the claimant returns today for a follow-up visit for management of low back pain. The patient is status post discogram with transforaminal lumbar epidural steroid injection performed on 04/22/2009. Discogram findings were concordant pain at L5 and S1, which corresponds to the positive findings at L5 and S1. On a CT scan performed 01/27/2009, this study had an impression of moderate-to-severe encroachment at L5 and S 1. The exiting L5 nerve root sleeves are contacted at foraminal level, essentially on the left. The lateral recess at L5 and SI are borderline stenotic. There is minimal levoscoliosis of lumbar spine as shown. The patient states no change in the clinical status. He is requesting permanent solution to his low back pain. He had x-rays revealing anterolisthesis at the above mentioned level. The patient sustained a work-related injury on xx/xx/xx when he picked a rack of tires and fell on the floor secondary to the pain. The patient is currently on Hydrocodone, Mobic, and Ambien CR. He denies bowel or bladder incontinence. He denies any other constitutional symptoms. The patient's pain level are-documented 8/10 with primarily in the lumbar spine 80% with sharp, shooting radiation to left lower extremity associated with burning sensation and tingling and numbness all the way down to the plantar aspect of foot. Examination of lumbar spine demonstrates normal coronal and sagittal alignment. There is no tenderness on digital palpation of spinous process or ligamentous complex. The patient has tenderness on digital palpation over the paraspinal region extending L5 through S1. The patient has trigger point tenderness over the multifidus. He does have decreased range of motion in forward flexion, limited to mid tibia, extension limited to 10 degrees and rotatory movements restricted to 20 degrees, left and right. The patient has tenderness on palpation at L5 in paraspinal structures bilaterally. He is able to perform heel-toe walk, squat and arise, however, with pain in the lumbar spine. He is able to perform tandem heel-toe gait. Lower extremity examination reveals light touch intact at L4 through S1. Motor strength 5/5 in bilateral L4 with 5-/5 in left S1 in the gastrocnemius. Deep tendon reflexes are 2/4 at bilateral L4 and 1+/4 at left S1. Straight leg raise test is positive on the left. Long tract signs are negative. Capillary refill is brisk without any vascular deficit. Diagnosis: Anterolisthesis/spondylolisthesis and instability at L5 and S1, concordant positive discogram at L5 and S1, and bilateral spondylosis. The evaluator noted the claimant has saturated all conservative care. The claimant has predominantly 90% low back pain and 10% intermittent radiating pain. The claimant has been cleared from the

psychological standpoint; therefore, the evaluator recommended transforaminal lumbar interbody fusion. The claimant was provided with medication refill.

On 5-22-09, MD., performed a Utilization Review. The reviewer noted that the problem is described as that of 8/10 low back pain with some left lower extremity symptoms in a male with date of birth xx/xx/xx and date of event xx/xx/xx described as lifting. Treatment has included an epidural steroid injection. Other treatment has included Hydrocodone, Mobic and Ambien. Discography is stated to reveal the presence of concordant pain at L5 and S1. A CT 1/27/09 was stated to reveal moderate to severe encroachment at L5 and S1 with nerve root sleeves at L5 contacted at the foraminal level on the left. X-rays are stated to reveal no evidence of subluxation or abnormal motion on flexion-extension views. The MRI is stated to reveal the presence of grade 1 L5-S1 spondylolisthesis with borderline stenosis of the neuroforaminal at that level. Nothing objectively abnormal was noted on the neurological examination of the areas concerned. There is no evidence of spinal instability on imaging studies. Recent conservative care has evidently been minimal to none, except medication is described in the recent office notes. The patient is not described as being active in a home exercise program in order to help resolve this problem himself. The patient has not been involved in an intensive spinal rehabilitation program attempting to resolve the problem no- surgically which is considered especially important considering his age. The surgical procedure appears to be recommended purely on the basis of the results of discography, a test that depends on a subjective response by the patient and which is a poor basis for proceeding with such surgery. Attention should be given to active modes of rehabilitation treatment such as a spinal rehabilitation program rather than subjecting the patient to a surgical procedure that has very little support in evidence based literature.

6-18-09 MD., provided a letter. The evaluator noted the claimant is a pleasant young gentleman who sustained work-related injury on xx/xx/xx while lifting a rack of tires and since then has been suffering low back pain. The patient does not have any history of low back pain prior to this injury. He has been a healthy young gentleman supporting his family. The patient was initially evaluated conservatively at Clinic and underwent multiple diagnostic studies in the form of MRI, CAT scan of the lumbar spine, and x-rays. The patient had multiple sessions of physical therapy, a trial of lumbar epidural steroid injection with the transforaminal approach, and oral pain medication as well as Medrol Dosepack; however, all these conservative treatments did not provide significant pain relief. The patient had undergone a discogram, which was duly approved by the insurance company though not recommended in ODG, still performed on 04/22/2009, which was positive with the concordant pain at L5 and S1, which corresponds to the anterolisthesis and instability at level L5-S1 even on CAT scan. Report of the lumbar spine CT performed on 01/27/2009 revealed L5-S1 spondylolisthesis with moderate-to-severe encroachment of the neural foramina and the exiting L5 nerve root sheath contacted, especially on the left. The patient had lateral recess L5-S1 borderline stenotic. The patient also had an MRI of the lumbar spine performed on 12/30/2008, which shows posterior narrowing with anterolisthesis and bilateral spondylosis at L5 and S1 to be confirmed with CAT scan and oblique radiograph. The patient on examination

had normal coronal and sagittal alignment with no tenderness on digital palpation of spinous process or ligamentous complex. The patient had tenderness on digital palpation in paraspinal region extending L5 through S1 bilaterally, left greater than right. The patient had trigger point tenderness over the multifidus, thus have decreased range of motion. Forward flexion limited to mid tibia, extension limited to 10 degrees and painful, and rotatory movements restricted to 20 degrees, left and right. The patient was able to perform heel-toe walk and squat and arise with pain. Lower extremity examination was intact to light touch at L4 through S1. Motor strength was 5/5 in bilateral lower extremities muscle groups except for left S1 that is gastrocnemius, which had the strength of 5-/5. Deep tendon reflexes are 2/4 at bilateral L4 and 1/4 at left S1. Straight leg raise test is positive on the left. Capillary refill is brisk without any vascular deficit. The patient was recommended to undergo transforaminal lumbar interbody fusion at L5 and S1.

On 7-1-09, MD., performed a Utilization Review. Non-certification for the requested transforaminal fusion. The reviewer noted the claimant has no evidence of instability and does not appear to be active in a home exercise program. The surgical procedure appears to be recommended solely on the results of discography, a test that depends on a subjective response to determine need for a major surgery. Considering his age, spinal rehab would be suitable. The request cannot be considered reasonable or medically necessary.

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

I would recommend against the recommended transforaminal fusion of the lumbar spine. I would agree with the previous denials by utilization review.

The medical records reflect a pre-existing spondylolisthesis at L5/S1 without documented instability. Clinical examinations have not demonstrated objective neurological changes or findings consistent with a radiculopathy in either lower extremity.

Recommendations for surgical procedure appear to be based on subjective complaints and the results of lumbar diskograms. The peer reviewed literature and the ODG treatment guidelines do not support the performance of a lumbar fusion based on diskography. Surgical fusions have low outcomes when based on diskography. Therefore, non-certification is provided for the requested 22612 Lumbar spine fusion, 22630 Lumbar spine fusion, 22840 Insert spine fixation, 22851 apply spine prosthesis device, 20937 SP bone graft morsel.

ODG-TWC, last update 8-5-09 Occupational Disorders of the Low Back – Lumbar Fusion:

Patient Selection Criteria for Lumbar Spinal Fusion:
For chronic low back problems, fusion should not be considered within the first 6 months of symptoms, except for fracture, dislocation or progressive neurologic loss. Indications for spinal fusion may include: (1) Neural Arch Defect - Spondylolytic spondylolisthesis, congenital neural arch hypoplasia. (2) Segmental Instability (objectively demonstrable) - Excessive motion, as in degenerative spondylolisthesis, surgically induced segmental instability and mechanical intervertebral collapse of the motion segment and advanced degenerative changes after surgical disectomy. [For excessive motion criteria, see AMA Guides, 5th Edition, page 384 (relative angular motion greater than 20 degrees). (Andersson, 2000) (Luers, 2007)] (3) Primary Mechanical Back Pain (i.e., pain aggravated by physical activity)/Functional Spinal Unit Failure/Instability, including one or two level segmental failure with progressive degenerative changes, loss of height, disc loading capability. In cases of workers' compensation, patient outcomes related to fusion may have other confounding variables that may affect overall success of the procedure, which should be considered. There is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. [For spinal instability criteria, see AMA Guides, 5th Edition, page 379 (lumbar inter-segmental movement of more than 4.5 mm). (Andersson, 2000)] (4) Revision Surgery for failed previous operation(s) if significant functional gains are anticipated. Revision surgery for purposes of pain relief must be approached with extreme caution due to the less than 50% success rate reported in medical literature. (5) Infection, Tumor, or Deformity of the lumbosacral spine that cause intractable pain, neurological deficit and/or functional disability. (6) After failure of two discectomies on the same disc, fusion may be an option at the time of the third discectomy, which should also meet the ODG criteria. (See ODG Indications for Surgery -- Discectomy.)
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 crtiteria) & 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)

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)**