

US Resolutions Inc.

An Independent Review Organization

71 Court Street

Belfast, ME 04915

Phone: (512) 782-4560

Fax: (207) 470-1035

Email: manager@us-resolutions.com

DATE OF REVIEW: Feb/13/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Laminectomy, Posterior Lumbar Fusion Decompression and Intraoperative Neurophysiological Testing, Spinal Instrumentation, Femoral Ring Bone and Inpatient Stay x 3 Days

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

MD, 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)

The reviewer finds that medical necessity does not exist for Lumbar Laminectomy, Posterior Lumbar Fusion Decompression and Intraoperative Neurophysiological Testing, Spinal Instrumentation, Femoral Ring Bone and Inpatient Stay x 3 Days.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Office notes, Dr., 02/11/08, 02/18/08, 09/22/08, 12/15/08

Office notes, Dr., 02/21/08, 03/10/08, 03/20/08, 06/23/08, 12/04/08

IME, Dr., 04/29/08

MRI lumbar spine, 09/22/08

CT scan lumbar spine, 11/14/08

Office note, Dr., 01/02/09

Peer review, Dr., 01/09/09

Peer review, Dr., 01/26/09

ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a xx year old who had an right L3-4 discectomy and laminectomy on xx/xx/xx by Dr.. He returned to work and on 02/13/08 he slipped and hit his back . He followed up with Dr. for left sided low back pain with some numbness in the left thigh. Per Dr. notes an MRI on 03/06/08 showed right sided laminectomy at L3-4, granulation tissue, a 3 mm posterior osteophyte, mild to moderate narrowing of the right foramen, borderline central

narrowing at 4-5, facet disease at 5-1, more right sided than left sided and left lateral osteophyte at 2-3. Dr. felt that he had recess stenosis at L3-4 on the left and noted that his leg pain was in an L3-4 distribution.

The claimant had an L3-4 transforaminal epidural steroid injection with initial short term response. Dr. evaluated the claimant on 09/22/08. On exam he had weakness of the left tibialis anterior and EHL and a positive seated straight leg raise. He noted that the MRI showed postsurgical changes on the right with some mass effect at 3-4 on the left though it was not clear from what. He recommended a CT/myelogram.

A 09/22/08 MRI of the lumbar spine with and without contrast showed post op change from right laminectomy at L3-4. There was narrowing of the central spinal canal at L3-4 with moderate adjacent enhancement secondary to granulation tissue. Ligamentum flavum hypertrophy and degenerative facet hypertrophy with facet joint effusions contributed to the central spinal stenosis. There was moderate right foraminal narrowing at L5-S1 and mild left foraminal narrowing. There was also moderate marrow edema and enhancement associated with left lateral osteophyte formation at the L2-3 level.

CT scan post myelogram on 11/14/08 showed retrolisthesis of L3 on L4 with degenerative facet joint changes bilaterally. The right side was more involved than the left. There was also some soft tissue density within the anterior aspect of the spinal canal which could be related to an underlying disc protrusion/bulge and/or some granulation tissue. Ligament flavum hypertrophy was seen. All of these changes resulted in circumferential narrowing of the thecal sac with very little contrast noted within the thecal sac at that level. There did appear to be some filling of the proximal L4 nerve root sleeves on the CT scan. These appeared fairly symmetric on CT but appeared asymmetric on the myelogram. There was borderline central canal narrowing at L4-5 extending to the right of midline with slightly more mass effect on the right anterior aspect of the thecal sac in the region of the right L5 nerve root. There was a soft tissue density noted behind the L3 vertebral body to the right of midline that could represent a small focal disc fragment, some granulation tissue or prominent vascularity. This was in the region of the right L3 nerve root and could explain the slight decreased filling of the right L3 nerve root on the myelogram. There were anterior osteophytes and prominent left lateral osteophytes at L2-3. The left lateral osteophytes at L2-3 caused narrowing of the far left lateral region. There was a 3 mm broad based posterior disc protrusion at L5-S1 without definite S1 nerve root deformity. There was severe bony narrowing of the right neural foramen related to posterior lateral spurs and degenerative facet joint changes.

On 12/04/08 Dr. noted that an EMG on 08/11/08 demonstrated a left L3-4 radiculopathy. On 12/15/08 Dr. noted that the CT/myelogram indicated high grade stenosis at L3-4 as well as instability manifested by retrolisthesis. There was also the possibility of a small disc fragment behind the L3 body. Dr. recommended surgical intervention of extensive decompression and posterolateral fusion with instrumentation. A 01/02/09 psychological evaluation indicated that the claimant was cleared for surgery, with a fair to good prognosis for pain reduction and functional improvement. The surgery was denied on peer reviews dated 01/09/09 and 01/26/09.

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

The reviewer finds that fusion surgery is not medically indicated and appropriate as there is no demonstrable evidence of dynamic instability in this patient. There is noted retrolisthesis on CT. There are no progressive neurologic deficits, cauda equina syndrome, instability, tumor, or infection noted in the records. Previous surgery has been noted. The patient does not meet the ODG criteria for lumbar spinal fusion. Based upon the records available for review and the applicable guidelines, the reviewer finds that medical necessity does not exist for Lumbar Laminectomy, Posterior Lumbar Fusion Decompression and Intraoperative Neurophysiological Testing, Spinal Instrumentation, Femoral Ring Bone and Inpatient Stay x 3 Days.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates

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 discectomy. [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 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)

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)