MATUTECH, INC.

PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544

Notice of Independent Review Decision

DATE OF REVIEW: January 26, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Posterior fusion at L5-S1 with two days LOS

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
20 Years as an actively practicing orthopedic surgeon who is board certified and re certified twice.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Office visits (02/06/07 – 11/17/08)
Surgery note (12/20/07)
Radiodiagnostic study (04/09/07 - 11/10/08)

ODG has been utilized for the denial.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old female who developed significant pain in her back while stocking multiple bins with insulation.

In February 2007, , M.D., evaluated the patient for back pain and right and left lateral buttock pain, with pain radiating to the right leg into the calf. *Since the time of injury, she had been under the care of Dr. , a pain management physician, who had treated her with a single group of medial branch blocks*

(probably facet rhizotomy injection) without any improvement. She had not worked since the injury. She was occasionally utilizing Ultracet. X-rays of the lumbar spine in December 2006 had shown a truncal list, otherwise normal findings. Magnetic resonance imaging (MRI) had demonstrated decreased hydration at the L5-S1 disc with a small central high-intensity zone, increased signal at the posterior annulus centrally at L5-S1 with a small bulge and some disruption of the posterior annular fibers. The radiology report by , M.D., described a broad 2-mm bulge at L4-L5 with mild ligamentum flavum thickening and facet hypertrophy; mild central canal stenosis, mild bilateral foraminal narrowing, a broad 3-mm disc protrusion, ligamentum flavum thickening, and facet hypertrophy at L5-S1; and a zone of hyperintensity on a T2 centrally along the posterior annular margin suggesting focal irritation of the annulus. Dr. diagnosed mechanical back strain. The patient was treated with medications, an epidural steroid injection (ESI) and multiple trigger point injections (TPIs) by Dr. , and 12 sessions of physical therapy (PT), but without improvement.

In April 2007, a three-level lumbar discogram revealed severe concordant low back pain at L4-L5 and mildly degenerative L5-S1 disc producing severe concordant low back pain. Based on discogram findings, Dr. recommended a single-level arthroplasty at L5-S1. In a behavioral medicine evaluation, the patient was cleared for surgery.

In November, Dr. noted the patient had a designated doctor evaluation (DDE) with , M.D., who opined that the patient appeared to be a very good candidate for either arthroplasty or fusion at L5-S1.

On December 20, 2007, Dr. performed radical maximal discectomy at L5-S1 and anterior internal fixation at L5-S1. Postoperatively, Dr. prescribed Flexeril and Skelaxin and recommended a brace. She was weaning her dose of Darvocet. She made steady progress in PT but had increasing low back pain and continued to be increasingly deconditioned. Dr. r ordered computerized tomography (CT) at the L5-S1 junction to rule out pseudoarthrosis.

On November 10, 2008, CT scan showed minimal central and paracentral bulge of 1 mm at L3-L4 with ligamentum flavum hypertrophy, mild broad-based central and paracentral disc bulge of 2 mm at L4-L5 with minimal ligamentum flavum hypertrophy, and right neural foraminal narrowing at L5-S1 related to mild paracentral bulge. On the CT scan, Dr. suspected some micro motion of the facet joints at L5-S1. He assessed delayed union anteriorly and possible facet pathology posteriorly. He requested authorization for a posterior pedicle screw fixation from L5 through S1 with intertransverse and facet fusion at that level. The patient had significantly increased pain and recently had been in the emergency room for her condition.

On December 4, 2008, , M.D., denied the request for posterior pedicle screw fixation from L5 to S1 with intertransverse and facet fusion at that level, inpatient LOS x two days, and postoperative PT 3 x 6 to low back with following rationale: "*Based on the clinical information provided, the proposed surgical intervention with inpatient hospital stay and postoperative PT is not recommended as medically necessary. The patient is approximately one year status post anterior lumbar interbody fusion (ALIF) at L5-S1. Radiographs performed in 06/08 were noted to show solid fusion at the L5-S1 segment. The CT scan of November 10,*

2008, reports anterior intervertebral fusion at L5-S1. There is no report of nonunion/pseudoarthrosis. There are no flexion extension films with evidence of instability. There is no indication of failure of hardware. Given the current clinical data, the proposed surgery procedure and postoperative PT is not indicated as medically necessary."

On December 15, 2008, , M.D., denied the appeal for posterior pedicle screw fixation from L5 to S1 with intertransverse and facet fusion at that level, inpatient LOS x two days, postoperative PT 3 x 6 to the low back with following rationale: "*I spoke to triage personnel on two occasions. Dr. did not respond to messages for call back. There does not appear to be sufficient medical documentation to justify a posterior surgical procedure when the anterior fusion has already been successful. It appears that the original denial of this request to perform additional posterior lumbar fusion was appropriate and should be upheld. There are no flexion/extension lateral x-rays to demonstrate motion at the fusion site. It does not appear that Dr. responded to the recent denial of this surgical pre-authorization request."*

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

THE PROVIDER IS REQUESTING A POSTERIOR SPINE FUSION DUE TO A PSEUDOARTHROSIS AT L5-S1 FROM A PREVIOUS ANTERIOR LUMBAR INTERBODY FUSION. IMAGING STUDIES INCLUDING RADIOGRAPHS AS WELL AS CT SCAN SHOWED NO FINDINGS OF A PSEUDOARTHROSIS. THERE ARE NO RADIOGRAPHS DEMONSTRATING INSTABILITY WITH LATERAL FLEXION/ EXTENSION VIEWS. WITH NO RADIOGRAPHIC EVIDENCE OF A PSEUDOARTHROSIS AT L5-S1 THE PREVIOUS DECISION OF NOT CERTIFYING THE SURGERY IS UPHELD.

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

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**