

# I-Decisions Inc.

*An Independent Review Organization*

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## Notice of Independent Review Decision

**DATE OF REVIEW: JANUARY 23, 2009**

**IRO CASE #:**

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

Inpatient Surgery for anterior lumbar fusion at L5-S1 with percutaneous facet fusion/fixation with two (2) day stay

### **A 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)

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.

The reviewer finds that medical necessity does not exist for Inpatient Surgery for anterior lumbar fusion at L5-S1 with percutaneous facet fusion/fixation with two (2) day stay.

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

Peer Reviews, 11/19/08, 12/01/08, 11/19/08, 12/01/08

ODG Guidelines and Treatment Guidelines

MRI lumbar, 04/06/08

EMG/NCS, 02/11/08

Office note, Dr. , 02/19/08

Office notes, Dr. , 11/10/08, 11/19/08

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

The claimant is a xx year-old male who slipped and fell out of the back of a parked semi trailer on xx/xx/xx and apparently sustained right wrist and low back injuries. A lumbar MRI on 04/06/06 noted transitional anatomy with L5-S1 small left herniation with close proximity to the left S1 nerve root. The claimant was reportedly incarcerated from July 2006 through December 2007 and treated with medications only. Electrodiagnostic studies completed on 02/11/08 noted prolonged bilateral peroneal nerve findings that were felt unlikely to represent bilateral lumbar radiculopathy. The claimant underwent two epidural steroid injections on unknown dates and without reports provided. The claimant treated with multiple chiropractic modalities for an extended period of time. Reference was made to open reduction internal fixation of the lunate in the right wrist at an unknown time. The claimant was noted to be a smoker. He was placed at maximum medical improvement on 03/14/08 with a five percent impairment rating. Dynamic imaging on 05/19/08 noted five millimeters of retrolisthesis at L5-S1 with narrowing and a fully sacralized vestigial S1-2 segment. Physical examination demonstrated left lower extremity numbness from the proximal thigh to great toe and lateral foot in the L2, L3, L4 and S1 distributions. A discogram with pre procedure psychiatric evaluation was recommended and the psychiatric evaluation was denied twice. Dr. has recommended anterior lumbar interbody fusion at L5-S1 with percutaneous facet fusion and fixation at L5-S1. Due to the retrolisthesis Dr. felt the claimant was an indisputable candidate for surgery.

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

Based on close review of the medical records provided it is not clear that recent diagnostic testing in the form of an MRI or CT myelogram has been performed to confirm findings that would confirm that this claimant a surgical candidate. He has not had a psychosocial evaluation to address confounding issues. It is not clear from the records provided for this review if the claimant has exhausted conservative measures at this time. The previous MRI showed a small disc at L5-S1 and otherwise normal. EMG/NCS did not confirm radiculopathy. Based on the above issues, the reviewer cannot recommend as medically indicated the surgery as requested. The reviewer finds that medical necessity does not exist for Inpatient Surgery for anterior lumbar fusion at L5-S1 with percutaneous facet fusion/fixation with two (2) day stay.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates; Low Back- 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 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](#))

Milliman Care Guidelines, Twelfth Edition; Lumbar- Fusion

Single level lumbar fusion, 3 day LOS- can be extended 1-3 days for multilevel, combination anterior posterior, or extensive procedure

**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)