



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: July 28, 2009

IRO Case #:

Description of the services in dispute:

1. Item in dispute: Lumbar spinal osteotomy (anterior interbody fusion with allograft with CPT codes #22558, #22857, #22845 with a related length of stay of 3 days.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer is a fellow of the American College of Surgeons. This reviewer is a member of the American Medical Association and the American Academy of Orthopedic Surgery. This reviewer has been in active practice since 1975.

Review Outcome

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

Upheld

The proposed anterior interbody fusion with allograft with CPT codes #22558, #22857, #22845 with a related length of stay of 3 days, is not medically necessary based on Official Disability Guidelines.

Information provided to the IRO for review

Records received from the State of Texas:

Confirmation of Receipt of a Request for Review by an Independent review Organization (IRO); 07/08/2009, 4 pages

Request for Review by an Independent review Organization; 07/06/2009, 3 pages

Company's Utilization Review Findings; 06/23/2009, 4 pages

Company's Utilization Review Findings; 05/06/2009, 4 pages

Records received from Company:

Operative Report; MD; 05/21/2003, 2 pages

Operative Report; DO; 11/26/2007, 3 pages

Operative Report; DO; 11/19/2008, 4 pages

Clinical Encounter Summary, Patient History; 02/06/2009, 3 pages

Clinical Encounter Summary, Office Notes; 03/30/2009, 2 pages

CT Scan of Lumbar Spine Report; 04/17/2009, 2 pages

Office Note; DO, 04/27/2009, 2 pages

Office Note; MD; 05/11/2009, 2 pages

Office Note; MD; 05/15/2009, 2 pages

Office Note; MD; 05/27/2009, 2 pages

Office Note; MD; 06/03/2009, 2 pages

Letter of Medical Necessity; DO; 06/10/2009, 2 pages

ODG Treatment Guidelines, Low Back – Lumbar & Thoracic; undated; 5 pages

Patient clinical history [summary]

Question submitted for review: Address medical necessity only; Item in dispute: Lumbar spinal osteotomy (anterior interbody fusion with allograft 22558, 22857, 22845 LOS x3 days).

The patient is a xx year old male with date of injury xx/xx/xx. He has had multiple surgical procedures: L4–S1 posterior spinal fusion with instrumentation on 05/21/2003; on 11/26/2007 the patient underwent hardware removal with interbody and posterolateral fusion with instrumentation at L3–4 which reportedly failed; and, on 11/19/2008 he underwent interbody fusion L1–2 with hardware revision from L1–S1. The patient reportedly has flat back syndrome with thoracolumbar kyphotic deformity and is unable to stand fully erect. The CT scan of the lumbar spine on 04/17/2009 reveals an intact T12–L1 disc segment. Physical examination on 04/27/2009 reported normal gait, no limp, ambulating with no assistive devices. An examination of the lumbar spine reported normal alignment. Active range of motion reported pain with motion. Motor strength was 5/5 throughout bilateral lower extremities.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Reportedly the patient is stooped over and cannot stand straight because of T12–L1 segmental deformity. This assertion is not supported by reports of normal gait pattern and by normal CT X-ray findings at this level.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG Guidelines:

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 disectomies on the same disc, fusion may be an option at the time of the third disectomy, which should also meet the ODG criteria. (See ODG Indications for Surgery -- Disectomy.)

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)

Official Disability Guidelines, low back – lumbar and thoracic, fusion (spinal)

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