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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/20/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar laminectomy w/fusion L3-4 and LOS 1 day and DME Purchase TLSO Back Brace

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

M.D., 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

Office notes, Dr., 11/03/03, 02/26/04, 07/08/04, 03/17/05, 09/22/05, 09/11/06, 01/22/09, 02/12/09, 02/23/09, 05/11/09, 01/15/04, 03/21/04, 12/20/04, 06/16/05, 06/01/09, 12/23/03 MRI, 11/05/03

CT myelogram, 01/07/04

CT discogram, 02/24/04

OR note, Dr., 03/19/04

X-rays, 04/21/04, 07/08/04, 09/09/04, 12/20/04, 03/17/04, 03/06/09

X-ray lucency pedicle screws, 09/11/06

ESI, 09/20/06

CT with contrast, 02/03/09

ESI, 02/03/09

05/20/09, 06/10/09, 07/01/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a xx year old female injured on xx/xx/xx when she was stocking beer overhead. She developed low back and bilateral leg pain and after working up her condition, treatment culminated with an anterior posterior decompression and fusion at L4-5 on 03/19/04. By 07/08/04, Dr. reported the claimant was doing well and she had no leg pain. There was progressive fusion on x-ray. There was good motion and strength.

On 03/17/05 Dr. noted the fusion appeared solid. The claimant reported some back pain but no hip or leg pain. On the 09/05 visit she was doing well with strength and flexibility. The claimant was in pain management and Dr. recommended that she be seen on an as needed basis.

Records from 09/11/06 indicated Dr. saw the claimant for low back and left leg pain for 6 weeks and she had some ongoing right leg pain. X-rays showed a solid 4-5 fusion. The claimant had remained in pain management. On examination straight leg raise on the right caused posterior thigh pain at 75 degrees and was positive on the left as well. Reflexes were trace at right knee and absent at left knee. Scattered hypalgesia was noted over the left lower leg. 09/11/06 x-rays showed lucency of the pedicle screws at L5. The claimant underwent a 09/20/06 epidural steroid injection.

On 01/22/09 Dr. saw the claimant again after a 2 ½ year absence. She had a left antalgic gait and was still being treated in pain management.

The 02/03/09 CT with contrast showed minimal retrolisthesis of L3 on L4 and L5 on S1. There was multilevel disc space narrowing, osteophyte formation and endplate and hypertrophic degenerative changes. She had an L2-3 disc bulge. There was an L3-4 broad based bulge with ligamentous thickening and facet disease that resulted in moderate spinal canal and severe foraminal stenosis. At L4-5 there was mild bony foraminal narrowing on the right but overall the foramina were widely patent. There was some soft tissue prominence at L5 on the right of uncertain etiology that could be disc or scar and does not encroach on the thecal sac. There was an L5-S1 bulge slightly to the right, mild bilateral foraminal stenosis; a bone graft material bilaterally at L4 and 5. Wasting of the contrast was seen at L3-4 consistent with stenosis and truncation of the nerve root sleeves bilaterally at L3-4.

The claimant had an epidural steroid injection in 02/09 at L3-4 that did not provide relief. The 03/06/09 x-rays showed the L4-5 fusion with no hardware complication. Flexion and extension showed translational motion of L3 on 4 with change in angulation of the endplates.

On 05/11/09, Dr. documented that the claimant had a favorable psychological exam and was considered an excellent candidate for surgery. The claimant had back and bilateral hip and leg pain, with numbness, dysesthesia and weakness. Dr. noted the claimant was incapacitated and did not want to work. He recommended L3-4 fusion, a one day stay and a brace.

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

I cannot approve the proposed lumbar decompression and fusion surgery at L3-4, purchase TLSO brace as medically necessary and indicated at this time. It is unclear from the records provided what the recent treatment to the L4-5 level has been in the form of physical therapy for stretching, strengthening, range of motion modalities, anti-inflammatory medications, or oral steroid preparations. Records are unclear with regard to response to epidural steroid injections. There are no recent physical examination findings of radicular pain to the L5 level or radiculopathy. There is no documentation of a progressive neurologic deficit. The request does not meet the guidelines in ODG. The reviewer finds that medical necessity does not exist for Lumbar laminectomy w/fusion L3-4 and LOS 1 day and DME Purchase TLSO Back Brace.

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

Back brace, post operative (fusion)

Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician.

Milliman Care Guidelines 13th Edition Inpatient and Surgical Care

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)