

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

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/02/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Anterior interbody fusion L5-S1, retroperitoneal exposure and discectomy L5-S1 and Cybertech TLSO with 1 overnight stay

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

Adverse Determination Letters, 2/5/09, 1/29/09

ODG Guidelines and Treatment Guidelines

MRI lumbar spine, 03/27/07

Office note, Dr., 05/23/08, 06/11/08, 02/04/09

Office note, Dr., 06/16/08, 01/19/09

Psych interview, 07/14/08

Office note, Dr., 07/15/08, 01/20/09

Office note, Dr., 01/29/09

FCE, 01/30/00

PATIENT CLINICAL HISTORY SUMMARY

This is a xx-year-old male with complaints of low back pain and bilateral lateral extremity pain. The lumbar MRI from xx/xx/xx showed loss of signal in the disc spaces of L5-S1. A three millimeter focal protrusion of the disc was seen at T12-L1 to the left of the midline as well as protrusion of the disc to the right of midline was seen at L1-2. Dr. The 07/14/08 psych

evaluation agreed with the recommendation of the discogram. Dr. last evaluated the claimant on 01/19/09. Dr. noted that the lumbar discogram was denied. Examination revealed spasm, tenderness, straight leg raise positive on the right with pain in the right knee, and motor strength of 5/5 to the lower extremities. There were complaints of numbness on the right from the thigh to the toes. Dr. had recommended an anterior lumbar interbody fusion at L5-S1. Review of the records indicated that the claimant has treated with epidural steroid injections, selective nerve root block, antiinflammatory medications, pain management, and narcotics without relief.

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

The requested L5-S1 fusion cannot be justified based on the information provided. The records for this claimant indicate diffuse pain complaints and sensory complaints that do not follow a particular anatomic nerve root distribution. The claimant's complaints do not match the mild pathology noted on the MRI of the lumbar spine. Records indicate the claimant continues to smoke. The lack of correlation of subjective signs with objective pathology, as well as the claimant's ongoing tobacco abuse, make the claimant a poor candidate for fusion surgery as per the guidelines. Surgery in the absence of instability remains controversial and would not appear indicated in patients with the discrepancies as noted in the records provided. In addition, the claimant does not meet ODG criteria for fusion, as there is no instability, neurologic dysfunction, fracture, dislocation, or spondylolisthesis. The reviewer finds that medical necessity does not exist for Anterior interbody fusion L5-S1, retroperitoneal exposure and discectomy L5-S1 and Cybertech TLSO with 1 overnight stay.

Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, low back, fusion, brace

- Patient Selection Criteria for Lumbar Spinal Fusion

Not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction, but recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria outlined in the section below entitled, "Patient Selection Criteria for Lumbar Spinal Fusion," after 6 months of conservative care. For workers' comp populations, see also the heading, "Lumbar fusion in workers' comp patients." After screening for psychosocial variables, outcomes are improved and fusion may be recommended for degenerative disc disease with spinal segment collapse with or without neurologic compromise after 6 months of compliance with recommended conservative therapy. There is limited scientific evidence about the long-term effectiveness of fusion for degenerative disc disease compared with natural history, placebo, or conservative treatment. Studies conducted in order to compare different surgical techniques have shown success for fusion in carefully selected patients.

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)

Brace- 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. There is conflicting evidence, so case by case recommendations are necessary (few studies though lack of harm and standard of care). There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. Although there is a lack of data on outcomes, there may be a tradition in spine surgery of using a brace post-fusion, but this tradition may be based on logic that antedated internal fixation, which now makes the use of a brace questionable. For long bone fractures prolonged immobilization may result in debilitation and stiffness; if the same principles apply to uncomplicated spinal fusion with instrumentation, it may be that the immobilization is actually harmful. Mobilization after instrumented fusion is logically better for health of adjacent segments, and routine use of back braces is harmful to this principle. There may be special circumstances (multilevel

cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures, etc.) in which some external immobilization might be desirable. (Resnick, 2005)

Milliman Care Guidelines, Inpatient Surgery, 12th Edition

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)