

DATE OF REVIEW: 5/19/2009
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. 2 day inpatient stay with revision of a lumbar laminectomy, discectomy, arthrodesis with cages at L3-4, hardware removal, exploration and repair, and implantation of bone growth stimulator at L4-5 and L5-S1.

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from and completed training in Orthopaedics at. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since July 2000 and currently resides in .

REVIEW OUTCOME:

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

1. 2 day inpatient stay with revision of a lumbar laminectomy, discectomy, arthrodesis with cages at L3-4, hardware removal, exploration and repair, and implantation of bone growth stimulator at L4-5 and L5-S1. Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a injured employee who is diagnosed with postlaminectomy syndrome of the lumbar region. A lumbar MRI on 12/3/2007 showed posterolateral changes consistent with posterior spinal fusion at L4-S1. The injured employee received bilateral L3-4 facet/median branch blocks on 3/4/08 without any relief. On 3/10/09, the injured employee was seen for complaints of back and bilateral leg pain, worse on the right despite conservative treatment. Lumbar surgery is being requested to correct a previous lumbar laminectomy/discectomy arthrodesis with cages at L3-4, hardware removal, exploration and repair as well as implantation of a bone growth stimulator.

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

The patient is a female who has a date of injury of xx-xx-xx. The patient is reported to have failed conservative care and was taken to surgery on 08/20/06 and underwent anterior lumbar and interbody fusion with posterior pedicle screws stabilization at L4-5 and L5-S1. Post operatively the patient had no improvement in her symptoms and subsequently was diagnosed with a post laminectomy syndrome and has been followed by chronic pain management. A clinical note dated 06/09/08 reports that the patient is status post a right L4 transforaminal injection and that she has previously undergone a lumbar discography with concordant pain at the L3-4 segment. She is reported to have abnormal disc morphology with concordant pain graded as 10/10. The L2-3 disc was reported to be within the normal limits. On physical examination the patient has positive right lower extremity straight leg raise and in the L4 distribution to the anteromedial tibia. Patella tendon reflexes and Achilles reflexes are 2/4 and symmetric. Sensibility is altered in the right lower extremity in an L4 distribution over the anterior knee. There is right motor weakness at the quadriceps which is graded as 3/5 and left quadriceps is graded as 3/5. Bilateral hip flexor strength is 5/5 and tibialis anterior and EHL strength is graded as 5/5. Dr. recommended that the patient undergo a transforaminal lumbar interbody fusion at L3-4 with incorporation of pedicle screws. The record contains a CT of the lumbar spine performed on 09/10/07. This study reports post operative changes at bilateral laminectomy in the anterior and posterior fusion at L4-5 and L5-S1. Hardware is in place and bony disc grafts are within the L4-5 and L5-S1 disc spaces. The L5 graft is stabilized anteriorly by plate anchored by 3 screws. There are post operative changes noted at L4-5 and L5-S1 consistent with bilateral laminectomy and anterior and posterior fusions noted. There is no compromise of the spinal canal or neural foramina. The record also contains an MRI study which was performed on 01/10/06 and an EMG/NCV study performed on 02/14/06. On 03/10/09 the patient was seen by Dr.. She reports low back pain and right leg pain after a work related injury. She is reported to have failed conservative care and undergone spine surgery at L4-5 and L5-S1 with interbody fusion, pedicle screws and rod fixation. She also had

anterior instrumentation. She is reported to have failed conservative treatment and had lumbar discography on 05/29/08. It is reported that this study indicated discogenic pain at L3-4 with adjacent segment disease. L2-3 was within the normal limits. X-rays of the lumbar spine including flexion-extension radiographs are reported reveal L4-5 and L5-S1 interbody bone graft, posterior instrumentation and segmental fixation at L4 with halo's on the right indicating loosening. At L5 both screws have anterior penetration and S1 screws anterior penetration. The patient is reported to have a right sided L4-5 and L5-S1 lateral pseudoarthrosis with anterior fixation at L5-S1. On physical examination there is marked paravertebral muscle spasm and positive extensor lag, positive sciatic notch tenderness bilaterally and positive Flip test and Lasegue's. There is decrease knee jerk on the right and absent posterior tibial tendon jerks bilaterally. There are paresthesias in the L4 and L5 distribution on the right with mild weakness to the tibialis anterior on the right. The patient is diagnosed with failed lumbar spine syndrome with adjacent segment disease, radiographic pseudoarthrosis with hardware loosening and anterior penetration with misplaced screws at the sacrum and L5 with failure of conservative treatment. A request has been placed for 2 day inpatient stay with revision of a lumbar laminectomy, discectomy, arthrodesis with cages at L3/4, hardware removal, exploration and repair, and implantation of a bone growth stimulator at L4/5 and L5/S1.

The request for 2 day inpatient stay with revision of a lumbar laminectomy, discectomy, arthrodesis with cages at L3/4, hardware removal, exploration and repair, and implantation of a bone growth stimulator at L4/5 and L5/S1 is not medically necessary at this time. The available medical records indicate that the patient is status post anterior lumbar and interbody fusion with posterior pedicle screws stabilization at L4-5 and L5-S1 performed on 08/20/06. The patient is not documented as having improved in the postoperative period. The records suggest that the patient has previously undergone lumbar discography in the interval period. A copy of this study was not included for review and is germane to the discussion. Dr. has reported that there is radiographic evidence of pseudoarthrosis and hardware failure which is not identified on outside imaging studies. The record does indicate that the patient has failed conservative care and may be an operative candidate; however, there is no evidence of instability or pseudoarthrosis reported in the submitted independent studies. Therefore, the previous denial is upheld as the request is considered not medically necessary.

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
X 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)