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

DATE OF REVIEW: November 25, 2009
AMENDED REVIEW: November 30, 2009

IRO Case #:

Description of the services in dispute:

This is a request for 2 day inpatient stay lumbar surgery, examination under anesthesia, lumbar laminectomy, diskectomy, arthrodesis with instrumentation and posterior instrumentation is not medically necessary.

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

Based ion ODG guidelines, the request for 2 day inpatient stay lumbar surgery, examination under anesthesia, lumbar laminectomy, diskectomy, arthrodesis with instrumentation and posterior instrumentation is not medically necessary.

Information provided to the IRO for review

Records received from the State:
Confirmation of Receipt of a Request for a Review by an Independent Review Organization, 11/18/09 (4 pages)
Request for a Review by an Independent Review Organization, 11/16/09 (3 pages)
Workers' Comp Services, Reconsideration review, 11/16/09 (3 pages)
Workers' Comp Services, Initial review, 11/05/09 (5 pages)
Notice to Medical Review Institute of America, INC. of Case Assignment, 11/18/09 (1 page)

Records received:
DPM, Corrected authorization request form, 11/13/09
Workers' Comp Services, Reconsideration review, 11/16/09 (3 pages)

The Podiatry Group, PA, Clinic note, 11/09/09 (3 pages)
Workers' Comp Services, Initial review, 11/05/09 (5 pages)
Summary of surgery codes being requested, undated (1 page)
Behavioral Health Associates, Pre-authorization request form 09/30/09 (1 page)
Behavioral Health Associates, Letter from MS, LPC, 09/18/09 (2 pages)
MD, PA, Clinic note, 04/21/09 (1 page)
MD, PA, Clinic note, 03/24/09 (2 pages)
Initial diagnostic screening presurgical screening, 08/25/09 (9 pages)
MMPI-2 General Medical Interpretive Report, page 3, undated (1 page)
diagnostic, MRI report, 04/14/09 (1 page)
Neurology Electromyography Evoked Potentials, EMG/NCV, dated 05/11/09 (2 pages)

Patient clinical history [summary]

The patient is a female who was injured on xx/xx/xx when he fell two stories and some wood landed on him. He sustained fractures to his ribs, left foot and ankle and experienced low back pain. He has had surgeries for the ankle and foot fractures. He was also noted to have pelvic fractures. On 03/24/09, the patient was seen by orthopedic surgeon MD due to his ongoing back pain and left leg pain. Dr. report included mention of x-rays of the patient's lumbar spine "to include flexion-extension views reveal L5-S1 spondylosis and stenosis with retrolisthesis and extension greater than 4 mm indicative of clinical instability..." MRI of the lumbar spine performed on 04/14/09 revealed normal lumbar vertebral alignment with posterior central disc protrusion with annulus tear L5-S1. The patient was seen again by Dr. on 04/21/09 to go over MRI scan findings of lumbar spine and discuss options to include surgical versus non-surgical treatment. A preauthorization request was made for inpatient lumbar surgery to included examination under anesthesia, lumbar laminectomy, discectomy, arthrodesis with cages and posterior instrumentation at L5-S1. The requested surgery was denied by the carrier. Dr. appealed the decision and it was subsequently denied. A request for an independent review organization (IRO) was filed with the Texas Department of Insurance Division of Workers' Compensation (DWC).

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

The request for 2 day inpatient stay lumbar surgery, examination under anesthesia, lumbar laminectomy, diskectomy, arthrodesis with instrumentation and posterior instrumentation is not medically necessary based on the medical records reviewed. There is no objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction. The included clinical records do not indicate evidence of failed conservative care. Six months of failed conservative care is standard per ODG Guidelines.

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

Fusion surgery is 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 after 6 months of conservative care. 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. Specific recommended conservative care includes instruction in a self-performed exercise program that includes on-going back strengthening and flexibility exercises, as well as aerobic exercise and recommended drug therapies. Recommended conservative care does not mean six months of passive physical therapy. Treatment may be individualized. Patients who outline their own back pain management program after a detailed explanation of the underlying problem, do as well or better than those with a formal scripted program. Patient expectations should be guided by the evidence that this treatment will succeed, as opposed to expecting that, if the conservative treatment does not work, there are other more invasive treatments available that would succeed. There is limited scientific evidence about the long-term effectiveness of fusion for degenerative disc disease compared with natural history, placebo, or conservative treatment. According to the recently released AANS/NASS Guidelines, lumbar fusion is recommended as a treatment for carefully selected patients with disabling low back pain due to one- or two-level degenerative disc disease after failure of an appropriate period of conservative care. 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 & 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.

Official Disability Guidelines (ODG) 10th Edition

Andersson GBJ, Cocchiarella L, American Medical Association. Guides to the Evaluation of Permanent Impairment, Fifth Edition. Hardcover - Dec 15, 2000.

Gibson JN, Waddell G, Grant IC, Surgery for degenerative lumbar spondylosis, Cochrane Database Syst Rev 2000;(3): CD001352