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Notice of Independent Review Decision



DATE OF REVIEW: 9/8/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Exploration L5/S1 Right with Removal of Hardware at Right S1

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

Certified by the American Board of Orthopaedic Surgery

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	724.2	22850	Upheld

PATIENT CLINICAL HISTORY:

The claimant is a xx-year-old male with a reported date of injury of xx/xx/xx. The first available clinical record is an operative report dated 05/21/08. The claimant is reported to have degenerative disc disease with severe back pain and left lower extremity radiculopathy. The claimant is reported to have been previously operated on for ruptured discs at L4-5 and L5-S1. Post operatively he is reported to have had some pain off and on but recently was involved where a bull rammed him and he sustained injuries which have resulted in severe back pain and left lower extremity pain. MRI is reported to reveal degenerative disc disease at L4-5 and L5-S1 with some recurrent disc herniation and scarring. The claimant was subsequently taken to surgery on 05/21/08 and underwent a 360 degree fusion of L4-5 with peek cages, bilateral pedicle screw fixation at L4-5 and L5-S1 with globus system, removal of neuro scarring at L4-5 and L5-S1 on the left, and a lateral bony fusion.

Lumbar x-rays of 06/24/09 showed upper lumbar scoliosis convex to the right, lateral view shows alignment of the posterior aspects of the vertebral bodies, pedicle screws bilaterally at L4, L5 and S1 provides surgical fixation posteriorly, the vertebral bodies are of normal height. There are degenerative changes of hypertrophic bony spurring extending off the surfaces of the vertebral bodies at several levels. Oblique views show mild degenerative changes of the apophyseal joints. There are intradiscal prosthesis at

L4-5 and L5-S1. Flexion and extension views show only a slight degree of flexion mobility of the lumbar spine with all flexion occurring above the level of the L2-3 disc space.

On the 06/25/09 evaluation, the claimant is reported to have low back pain with bilateral leg pain with right leg pain being worse than the left. At this time it is reported that the claimant was involved in an MVA when he was hit broad side by a truck. The claimant reports low back pain with radiation into the right greater than left lower extremities. He is reported to have undergone physical therapy with minimal relief of his symptomology and has undergone 3 ESIs. The claimant is reported to have heard of the Institute and presents for MRI evaluation. The claimant is reported to have a history of lumbar laminectomy at L4-5 and L5-S1 performed in 2001 and a subsequent lumbar fusion at L4-5 and L5-S1 with hardware and TLIF in 05/2008. On physical examination the claimant is 72 inches tall and weighs 200 pounds. He is well developed, well nourished and in no acute distress. He has a normal heel toe gait pattern and his back is symmetrical with no scoliosis, lordosis, step off, flattening or atrophy noted. Lumbar muscle tone is good. He has pain to palpation of the low back and SI joints. Lumbar range of motion is reduced. Sitting straight leg raise is negative. Heel and toe walking is normal. Motor strength is reported to be 4+/5 in the bilateral hip abductors, adductors, plantar flexion and dorsiflexion. The patient currently takes Vicodin ES 7.5. MRI performed on 06/24/09 is reported to indicate degenerative disease at L1-2, L2-3 and L3-4, post operative changes with hardware and cages at L3-4, L4-5 and L5-S1 are noted, interbody fusion at L4-S1, fusion with hardware TLIF on the left at L4-5 and L5-S1. Axial views are reported to indicate spinal stenosis at L2-3, L3-4, on the right at L4-5, foraminal stenosis at L3-4, L4-5 and on the right at L4-5 with nerve impingement at L5-S1. The claimant subsequently is diagnosed with back pain with an L5 and S1 radiculopathy right greater than left, post laminectomy syndrome, degenerative disease of the bilateral hips status post interbody fusion L4-S1, spinal neural foraminal stenosis and post operative changes. The claimant subsequently is recommended to undergo a diagnostic Rami injection bilaterally. Operative interventions were discussed. The record includes a physical therapy note dated 08/05/09 which indicates that the patient still has motor strength weakness in the bilateral hip abductors and adductors however his dorsiflexion, plantar flexion are normal. DTRs are 1+ and symmetric at the knees and trace and symmetric at the ankles.

On 08/13/09 the claimant was seen in follow-up. The claimant is reported to be status post ablation of L5-S1 dorsal rami including SI joint branches bilaterally on 08/04/09. The patient reported the pain affecting the low back and buttocks is partially resolved. He continues to complain of significant pain in right low back, right buttocks, right posterior thigh, and right posterior calf. The claimant was subsequently recommended to undergo decompression. A subsequent request was placed for exploration of L5-S1 on the right with removal of hardware at right S1.

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

In the Reviewer's opinion, the request for exploration L5-S1 on right with removal of hardware at right S1 joint is not supported by the submitted clinical information. The available medical records do not provide any early history of patient's treatment. Records indicate the claimant has previously undergone discectomies at L4-5 and L5-S1. The patient was involved in motor vehicle accident on xx/xx/xx with subsequent increase in low back pain with radiation. Records indicate the claimant is status post a two level

fusion performed on 05/21/08. The records as submitted fail to provide supporting documentation regarding the actual mechanism of injury and conservative treatment to date. The patient subsequently sought care. Radiographs performed on 06/24/09 show postoperative changes as well as degenerative changes with no evidence of instability, no documentation of pseudoarthrosis, or any indication of failed hardware. The patient was evaluated on 06/25/09 and this examination does not show evidence of active lumbar radiculopathy. The patient is noted to have motor strength weakness. It is unclear if this is true weakness or volitional secondary to pain. It is noted the patient underwent a L5-S1 dorsal rami ablation which included SI joint branches and had improvement. It is further noted the patient attended some physical therapy, and his motor strength in dorsiflexion and plantar flexion improved from 4+ to 5+. No imaging studies were provided for review. Given the lack of supporting documentation and noting there is no evidence of hardware failure or evidence of pseudoarthrosis, the request for exploration at L5-S1 and removal of hardware would not be medically necessary or supported by current evidence based guidelines.

References:

The 2009 Official Disability Guidelines, 14th edition, The Work Loss Data Institute. Online edition.

Low Back Chapter: Hardware injection (block). Recommended only for diagnostic evaluation of failed back surgery syndrome. This injection procedure is performed on patients who have undergone a fusion with hardware to determine if continued pain is caused by the hardware. If the steroid/anesthetic medication can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware. ([Guyer, 2006](#))

Low Back Chapter: Hardware. See [Fusion](#). Much of the growth of spinal fusion has been driven by the sales of new types of spinal implant hardware. ([Viscogliosi, 2005](#)) There was no obvious disadvantage in using the least demanding surgical technique of posterolateral fusion without internal fixation. ([Fritzell-Spine, 2002](#)) Hardware increased complication risk compared with bone only fusions without improving disability or reoperation rates. ([Maghout-Juratli, 2006](#))

Low Back Chapter: Spinal Fusion Fusion (spinal)

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.

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 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. (Colorado, 2001) (BlueCross BlueShield, 2002)

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**

- 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)**