

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 09/29/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Laminectomy, foraminotomy and fusion w/pedicle screws at L4-5 instrumentation, inpatient LOS x3 days

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

Texas Board Certified Neurosurgeon

REVIEW OUTCOME

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

Denial Upheld

PATIENT CLINICAL HISTORY (SUMMARY):

We begin medical records on xx/xx/xx with Dr. At that time, this was a follow-up visit noted for a female who had previous lumbar surgery. At that time, she complained of low back pain radiating to the bilateral lower extremities. The pain was worse on the right side. It was located in the lateral thigh and calf. It was constant at 8/10 severity. She also noted numbness and paresthesia in the right lower extremity without bowel or bladder incontinence. Examination revealed 4/5 strength in the right lower extremity. Sensation was decreased to light touch and pinprick in the right L4 and L5 distributions. Gait was antalgic. The recommendation was to obtain an MRI.

Follow-up occurred on 08/06/09 with Dr. At that time, she continued to experience low back pain radiating to the bilateral lower extremities which was worse on the right side. Physical examination revealed no changes from the previous office visit. It was noted the employee had undergone an EMG/NCV study which showed no abnormalities. An MRI continued to be requested.

On 06/16/09, an MRI of the lumbar spine was performed, which revealed no acute

fracture or subluxation. There was residual 8 mm anterolisthesis of L4 on L5 demonstrated. There was no internal or extradural fluid collections. Conus terminated at L1 and appeared to be of normal caliber and signal. There was heterogeneous appearance of bone marrow. There was a previous laminotomy defect noted at L4. At L4-L5 there was enhancing fibrosis along the left lateral recess. Facet arthropathy was demonstrated. There was a signal disc bulge that contributed to mild-to-moderate spinal stenosis with the thecal sac narrowing to 8-9 mm AP diameter. Moderate left and right neural foraminal stenosis was demonstrated. There was no evidence of neural compressive disease at the L5-S1 or the remaining levels as compared to the previous MRI of 11/07/07.

An additional follow-up visit occurred on 06/22/09 with Dr. At that time, the employee had the same chief complaints. Muscle strength at that time revealed improvement of 5/5 in the right lower extremity. Sensation continued to be decreased in the L4 and L5 distributions. Gait was antalgic. Based on Dr. opinion, the MRI of the lumbar spine with and without contrast revealed spinal and neural foraminal stenosis at L4-L5. It was noted that Dr. reports and studies were reviewed with the employee in great detail, and the recommendation was to proceed with an L4-L5 lumbar laminectomy, foraminotomy, fusion, and instrumentation.

A psychiatric evaluation occurred on 08/06/09 with Dr. a psychologist. At that time, there did not appear to be any psychosocial barriers to lumbar surgery at that time.

Prior determinations were reviewed and noted.

ODG Indications for Surgery™ -- Discectomy/laminectomy --

Required symptoms/findings; imaging studies; & conservative treatments below:

Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383. ([Andersson, 2000](#)) Straight leg raising test,

crossed straight leg raising and reflex exams should correlate with symptoms and imaging.

Findings require ONE of the following:

- A. L3 nerve root compression, requiring ONE of the following:
 1. Severe unilateral quadriceps weakness/mild atrophy
 2. Mild-to-moderate unilateral quadriceps weakness
 3. Unilateral hip/thigh/knee pain
- B. L4 nerve root compression, requiring ONE of the following:
 1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy
 2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness
 3. Unilateral hip/thigh/knee/medial pain
- C. L5 nerve root compression, requiring ONE of the following:
 1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
 2. Mild-to-moderate foot/toe/dorsiflexor weakness
 3. Unilateral hip/lateral thigh/knee pain
- D. S1 nerve root compression, requiring ONE of the following:
 1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy

2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness
3. Unilateral buttock/posterior thigh/calf pain

([EMGs](#) are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.)

II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:

- A. Nerve root compression (L3, L4, L5, or S1)
- B. Lateral disc rupture
- C. Lateral recess stenosis

Diagnostic imaging modalities, requiring ONE of the following:

1. [MR](#) imaging
2. [CT](#) scanning
3. [Myelography](#)
4. [CT myelography](#) & X-Ray

III. Conservative Treatments, requiring ALL of the following:

- A. [Activity modification](#) (not bed rest) after [patient education](#) (≥ 2 months)
- B. Drug therapy, requiring at least ONE of the following:
 1. [NSAID](#) drug therapy
 2. Other analgesic therapy
 3. [Muscle relaxants](#)
 4. [Epidural Steroid Injection](#) (ESI)
- C. Support provider referral, requiring at least ONE of the following (in order of priority):
 1. [Physical therapy](#) (teach home exercise/stretching)
 2. [Manual therapy](#) (chiropractor or massage therapist)
 3. [Psychological screening](#) that could affect surgical outcome
 4. [Back school](#) ([Fisher, 2004](#))

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

Based on current *Official Disability Guidelines*, when reviewing the employee's selection of criteria for lumbar fusion and surgery, for chronic low back problems, fusion should not be considered within the first six months of symptoms, except for fracture, dislocation, or progressive neurologic loss. There was no evidence that any of this is occurring at this time. This employee, other than subjective pain complaints, appears to have had very stable neurological examinations over three subsequent office visits. There also did not appear to be an attempt at conservative care measures using additional physical therapy prior to the recommendation for repeat lumbar fusion surgery. There also fails to be evidence for repeat studies including flexion/extension studies showing active instability at the level of concern. The previously mentioned 8 mm residual anterolisthesis of L4-L5 appeared to be stable from the previous MRI from 11/07/07.

At this time, there is currently no clinical evidence supporting the use of repeat laminectomy, foraminotomy, and fusion with pedicle screws at L4-L5 including an

inpatient stay for three days for the treatment of the employee's ongoing low back pain. The decision at this time is to not certify.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

1. **Official Disability Guidelines**, Cervical Spine and Lumbar Spine Chapters, on-line version
2. Laxmaiah Manchikanti, MD, Vijay Singh, MD, David Kloth, MD, Curtis W. Slipman, MD, Joseph F. Jasper, MD, Andrea M. Trescot, MD, Kenneth G. Varley, MD, Sairam L. Atluri, MD, Carlos Giron, MD, Mary Jo Curran, MD, Jose Rivera, MD, A. Ghafoor Baha, MD, Cyrus E. Bakhit, MD and Merrill W. Reuter, MD. **American Society of Interventional Pain Physicians Practice Guidelines**. *Pain Physician*, Volume 4, Number 1, pp 24-98, 2001.
3. Jensen I, Harms-Ringdahl K. Strategies for prevention and management of musculoskeletal conditions. Neck pain. *Best Pract Res Clin Rheumatol*. 2007;21:93-108.