

SENT VIA EMAIL OR FAX ON  
Aug/02/2010

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/02/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

L4-5 posterior decompression and fusion and instrumentation

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

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**

OD Guidelines

Peer Review Reports, 6/15/10, 7/2/10

Dr.: 10/28/02, 11/18/02, 12/6/02, 12/16/02, 1/2/03, 1/15/03, 1/23/03, 3/20/03, 3/25/03, 4/17/03, 3/18/04, 12/18/03, 9/11/03, 7/10/03, 5/6/04, 1/31/05, 8/22/05, 3/9/06, 4/10/06, 8/27/07, 8/7/08, 9/11/08, 1/19/09, 2/5/09, 3/12/09, 5/21/09, 8/24/09, 11/23/09, 2/18/10, 6/7/10, 6/24/10

Lumbar CT/Myelogram Reports, 12/6/02, 9/2/08, 10/13/08, 6/2/10

CT/Discogram, Lumbar, 1/15/03,

Operative Report, intraoperative SSEP and x-rays, 3/25/03

X-rays, lumbar spine, 4/17/03, 7/10/03, 1/16/09

Operative report, 3/25/03

CT lumbar, 4/20/04

Operative report of right L4-5 ESI, 9/24/08:

Psychological evaluation, 11/7/08 and 11/20/08

Operative Note, 1/16/09

H&P, Operative Report, and Discharge Summary 2/18/09

**PATIENT CLINICAL HISTORY SUMMARY**

This female is diagnosed with L4-5 stenosis with a herniated disc and root compression, chronic mechanical low back disorder, and she is status post a March 2003 posterior L5-S1 decompression and fusion with instrumentation. She was injured in when assisting a; at that time she had the onset of severe low back pain. She did well postoperatively and returned to work. Multiple diagnostic studies have been done with a CT scan of the lumbar spine in April 2004 and CT/Myelogram of the lumbar spine in September 2008; the 2008 study was negative for herniated disc, stenosis, or nerve

root compression. In September and October of 2008 she had worsening pain in her back, hip, and legs. She had a Psychological Evaluation and was felt to be a good candidate for a trial of spinal cord stimulation. She did well with the trial of spinal cord stimulation and a permanent stimulator was placed in February of 2009 at T7 and T8; at that time she also had a laminectomy at T9. The records of 2009 indicated that she was getting relief with the stimulator and she was noted to be fairly active; on examination she was neurologically stable, she had good strength, and she walked well.

In February of 2010 Dr. indicated that the claimant had good relief with the spinal cord stimulator but that she had occasional aching in the low back and legs without any true radicular pain; her examination findings were of good strength and it was noted that she walked well. A lumbar myelogram with CT scan was done in June of 2010; the study revealed postoperative changes at L5-S1 with a satisfactory fusion, mild to moderate central canal stenosis at L4-5, and a disc bulge at L4-5 noted to be slightly more prominent than on prior studies but the findings were noted to be subtle. Dr. evaluated the claimant after the CT/Myelogram; he documented that the study showed a herniated disc at L4-5 with concentric stenosis without abnormalities at the level of L5-S1 and no abnormalities at the level above L4-5. The claimant reported symptoms of pain even at bedrest and with sitting, the pain radiated bilaterally to the hips and legs. On examination weakness of the bilateral feet and great toe dorsiflexion, decreased sensation mainly in the bilateral L5 dermatomes including dorsum of the feet, and positive straight leg raise test bilaterally at less than 45 degrees. Dr. noted that the claimant was incapacitated and she did not want epidural steroid injections; the plan that was proposed was for a posterior L4-5 decompression, fusion, and instrumentation with removal of the prior instrumentation. Two Neurosurgical Peer Reviews have been done and the proposed surgery was not recommended as medically necessary.

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

The evidence-based criteria suggest that individuals should be considered reasonable candidates for lumbar spinal fusion when they have evidence of structural instability and/or compelling indications such as progressive neurological deficit, tumor, or infection. In general, all pain generators should be conclusively identified. They should have failed a course of conservative care and should go through a psychosocial screen.

Records reflect this individual has previously undergone an L5-S1 posterior decompression and fusion. There was no documentation within the records of progressive neurological deficit, tumor, infection, or structural instability.

A more recent lumbar CT myelogram reportedly showed evidence of concentric stenosis, but it does not appear to document structural instability.

Furthermore, it is noteworthy that more than a year ago, this individual underwent a spinal cord stimulator, a procedure typically reserved for individuals who are felt not to be in need of surgical intervention.

Lastly, there is no indication of a recent psychological screening to address any potential confounding issues.

Of note, a previous psychological screen was completed prior to implantation of the spinal cord stimulator, which would be a distinctly different procedure than is currently being proposed.

For all the above stated reasons, particularly in the absence of structural instability and an inconclusive psychosocial workup, there is no indication that the surgical fusion being proposed would be considered reasonable or medically necessary in this setting.

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

- 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)