

MEDR X

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Notice of Independent Review Decision

DATE OF REVIEW: 1/26/2010

IRO CASE #: 24813

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 360 mini lumbar spine fusion at L4-5 and S1 with 2 day LOS.

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

The reviewer is a Medical Doctor who is a board certified Orthopedic Surgeon. This reviewer has been practicing for greater than 10 years. In the course of practice, this reviewer performs surgical procedures of a similar nature on a case by case basis.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of 360 mini lumbar spine fusion at L4-5 and S1 with 2 day LOS.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Institute and Healthcare Workers' Compensation

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from Institute: COPE reports – 6/29/09-1/4/10, Surgery Schedule

Slip/Checklist – 5/29/09, Injured Worker Information –xx/xx/xx, Patient Information – 8/2/09, Case Management screen print – undated, Consultation report – 3/20/09-9/21/09, Radiology report – 3/20/09 & 9/21/09, Follow-up report – 4/17/09-6/26/09, Peer to Peer report – 6/23/09, Nerve root injection script – 5/29/09, Pain Diagram, Factors of Complaint, Previous Treatment, Family Medical & Social History, Review of Systems, Back & Neck & Patient pain Questionnaires, – 3/20/09, Touchstone Imaging Denton- lumbar and sacrum MRI 3/13/09 and Institute- Therapy progress note 4/16/09.

Records reviewed from Healthcare Workers' Compensation: Denial letters – 11/19/09 & 12/7/09

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured on xx/xx/xx. denied the proposed treatment based on the psychosocial evaluation and re-evaluations which were noted to have not addressed the initial concerns (probable “poor outcome” from surgery and consideration for counseling) and recommendations for counseling. The pain management records revealed that the patient had some increasing back pain with foot drop. It was noted that “I had cleared him for surgery from a psychological perspective...does not have significant psychosocial risk factors for reduced surgery outcome.” The patient was noted to have a “fair-good outcome prognosis” in the most recent records per the psychologist.

The evaluation by the AP revealed that the patient was s/p an MVA and had a symptomatically worsening “mobile spondylolisthesis” at L4-5 along with “pars fractures and degenerative features at L5-S1 with disc protrusion.” Sensory, reflex and motor deficits were well described and noted to be worse than previous regarding the later. The deficits were felt to be from both L4-5 and L5-S1. The AP documented that the patient had not adequately responded to 6 months of non-op treatments including injections. A fusion was felt indicated at the 2 levels documented. He felt that leaving L5-S1 unfused would increase the probability of future fusion at that level and that a procedure was indicated at this time, along with the proposed procedure at L4-5. The prior records from the AP reiterated the “significant junctional issues” at L5-S1 in addition to the “mobile” L4-5 segment of the spine. A far lateral disc “protrusion” vs. “herniation” with osteophytes was noted at L5-S1 by the AP. The radiologist report documented the mobile “instability” of the L4-5 segment. The proposed procedure was to include an anterior and posterior decompression and “stabilization” at L4-5 and L5-S1. The radicular symptoms were “mostly in the left S1” distribution. The lumbar MRI on 3/13/09 noted the disc abnormalities at L4-5 and L5-S1.

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

The patient’s spinal condition has clearly progressed with increased symptoms and worsening neurological deficit, over a 6 month period and despite reasonable non-operative treatment. The mobile instability at the L4-5 segment is due to the pars fractures and spondylolisthesis. The degenerative and/or post traumatic abnormalities at that and the next distal level are resulting in corresponding and consistent weakness of the muscles with

sensory (and reflex) deficits. Each segment has a guideline established indication for decompression and fusion on the basis of nerve root impingement and instability at L4-5, along with the abnormal disc-osteophyte complex at L5-S1. Decompression at L4-5 alone would predispose to accelerated deterioration, instability and increased nerve impingement at L5-S1 due to well-documented medical literature issues regarding 'adjacent to fusion' increased stress and strain. In addition, the well-known L5-S1 spinal 'junctional issues' are associated with increased stress and strain at that segment in general. The psychosocial issues have been documented to have been adequately addressed and conservative treatment has failed per guidelines.

According to the ODG: Patient Selection Criteria for Lumbar Spinal Fusion:
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 & 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. According to the records reviewed, the patient meets the above criteria so the procedure is medically necessary at this time.

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)**