

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: JULY 14, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Lumbar laminectomy, discectomy arthrodesis with cages; posterior instrumentation and implantation of bone growth stimulator L4-S1, 2 day LOS (63030, 63035, 69990-99, 22612, 22614, 22851, 20938, 22842, 22558, 22585, 20975, 63685-99, 22325, 22328)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.10	63030		Prosp	1					Upheld
722.10	63035		Prosp	1					Upheld
722.10	69990-99		Prosp	1					Upheld
722.10	22612		Prosp	1					Upheld
722.10	22614		Prosp	1					Upheld
722.10	22851		Prosp	1					Upheld
722.10	20938		Prosp	1					Upheld
722.10	22842		Prosp	1					Upheld
722.10	22558		Prosp	1					Upheld
722.10	22585		Prosp	1					Upheld
722.10	20975		Prosp	1					Upheld
722.10	63685-99		Prosp	1					Upheld
722.10	22325		Prosp	1					Upheld

722.10	22328		Prosp	1					Upheld
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INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with the letter of non-certification sent to the requesting provider. It was noted that the parameters outlined in the Division mandated Official Disability Guidelines for a lumbar arthrodesis with instrumentation were not met. It was reported by Dr. that there was persistent low back and right lower extremity pain, unresolved with conservative care. A disc herniation with degenerative changes was also noted.

Reconsideration was reviewed by Dr. who also noted that the standards for such a procedure were not met. It is noted that with each review, the requesting provider was called and never reached to discuss the case.

The progress notes from the requesting provider indicate that on March 30, 2010, after more than two years from the date of injury the initial presentation was made. There was persistent low back pain, a noted radiculopathy and degenerative joint disease at L4/5 and L5/S1. Dr. felt that the spondylosis and facet subluxation met the AAOS definition for instability. The flexion/extension radiographs completed did not report any increase in translation. A psychiatric evaluation was completed and noted that the injured employee was suitable for the surgery proposed. Dr. opined that there was electrodiagnostic evidence of a radiculopathy at the L5 nerve root. Dr. noted an anxiety and depression.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines, the selection criteria for a lumbar fusion is noted as "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 discectomy.
- (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.

(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.

The clinical information does not support that there is excessive motion as outlined in the AMA Guides to the Evaluation of Permanent Impairment, 5th edition. If there is competent, objective and independently confirmable medical evidence of a segmental instability, then an arthrodesis procedure could be entertained. However, the requesting provider fails to present that clinical data.

Further, the ODG noted "*Lumbar fusion in workers' comp patients*: 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. *Until further research is conducted, there remains insufficient evidence to recommend fusion for chronic low back pain in the absence of stenosis and spondylolisthesis* and this treatment for this condition remains "under study." It appears that workers' compensation populations require particular scrutiny when being considered for fusion for chronic low back pain, as there is evidence of poorer outcomes in subgroups of patients who were receiving compensation or involved in litigation. ([Fritzell-Spine, 2001](#)) ([Harris-JAMA, 2005](#)) ([Maghout-Juratli, 2006](#)) ([Atlas, 2006](#))" additionally it is noted, "Obesity and litigation in workers' compensation cases predict high costs associated with interbody cage lumbar fusion. ([LaCaille, 2007](#)) A recent study of 725 workers' comp patients in Ohio who had lumbar fusion found only 6% were able to go back to work a year later, 27% needed another operation, and over 90% were in enough pain that they were still taking narcotics at follow-up. ([Nguyen, 2007](#)) A recent case-control study of lumbar fusion outcomes in worker's compensation (WC) patients concluded that only 9% of patients receiving WC achieved substantial clinical benefit compared to 33% of those not receiving WC. ([Carreon, 2009](#))"

Therefore, when noting the lack of specific data to support the request, tempered by the associated factors listed above, at this time this request is not supported.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES