

Notice of Independent Review Decision  
**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 2/12/2010  
**IRO CASE #:**

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

Inpt Lumbar Fusion, 2-3 day Length of Stay (LOS)  
22558: Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar  
64999: Unlisted procedure, nervous system  
22851: Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), threaded bone dowel(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)  
63047: Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar  
22612: Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)  
22840: Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)  
22852: Removal of posterior segmental instrumentation

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from University of Maryland School of Medicine and completed training in Orthopaedics at University Hospital at Case Western Reserve. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 7/11/2004 and currently resides in MO.

**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)

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22852: Removal of posterior segmental instrumentation Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Fax page dated 2/5/2010
2. Letter, dated 1/27/2010
3. Notice to air analyses, dated 1/25/2010
4. Notice of assignment, dated 1/25/2010
5. IRO request form by author unknown, dated 1/22/2010

6. Request for review by author unknown, dated 1/21/2010
7. Letter LVN, dated 1/13/2010
8. Letter LVN, dated 1/13/2010
9. Letter LVN, dated 12/22/2009
10. Letter LVN, dated 12/22/2009
11. Request for preauthorization for surgery dated 10/27/2009
12. Chart note MD, dated 10/21/2009 & 12/22/2009
13. Office visit MD, dated 9/15/2009
14. Office visit MD, dated 6/18/2009
15. Psychological re-evaluation., dated 6/11/2009
16. Office visit MD, dated 5/18/2009
17. Office visit MD, dated 9/18/2008
18. Psychological evaluation by, dated 8/18/2008
19. Procedure report MD, dated 6/23/2008
20. CT scan of the lumbar spine by, dated 6/23/2008
21. Psychological evaluation, dated 4/18/2008
22. Lumbar spine 5 views MD, dated 3/3/2008
23. MRI of the lumbar spine MD, dated 8/27/2007
24. MRI of the lumbar spine MD, dated 2/21/2007
25. Office note MD, dated 3/29/2006
26. CT scan of the lumbar spine MD, dated 12/14/2005
27. Guides to the evaluation of permanent impairment dated 10/19/2005
28. Report of medical evaluation MD, dated 10/19/2005
29. Operative report MD, dated 7/12/2005
30. CT scan of the lumbar spine MD, dated 5/9/2005
31. Report of medical evaluation by MD, dated 11/18/2004
32. Operative report by MD, dated 1/5/2004
33. Procedure report by MD, dated 8/28/2003
34. Provider list dated unknown
35. Official Disability Guidelines (ODG)

#### **INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured employee is a male injured on xx/xx/xx. On 1/5/04 the injured employee underwent a PLIF. There was CT diagnosis of a pseudoarthrosis. He underwent removal of hardware in 2004. On July 12, 2005, he underwent revision laminectomy with partial facetectomy and foraminotomy and exploration of L5 nerve root with instrumented fusion L4-5. There have been multiple interventions and radiographic exam since that time.

MRI on 8/27/07 reports intact fusion; no evidence of instability. Radiographs (dynamic flexion /extension films) were completed 3/3/08. There was no instability on formal report, just significance for adjacent level disease. The Discogram 6/23/08 was concordant with the L5-S1 findings. Prior ESI at L4-5 did not provide pain relief. Supervised PT was reported 3/08, but no formal report was provided. Psychological exam was completed in April 2008. He is on chronic narcotics and muscle relaxants.

Clinical exam 10/21/09 showed: Positive SLR, L greater than R, Motor 5/5 for hip flexors, EHL, dorsiflexion and eversion. There is numbness to light touch along L4-5 and SI on left. Clinical exam note dated 1/13/10 demonstrated decreased ROM in lumbar spine and subjective sensory changes in left L405 and L5-S1.

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

The request is for lumbar decompression and fusion with instrumentation at the L5-S1 level. After a previous fusion at L4-5, it is not uncommon to have adjacent level disease.

There are complaints of radiculopathy to LLE. However clinical exam is not consistent with this level for ODG criteria for fusion:

For S1 nerve root compression, there must be ONE of the following:

1. Severe unilateral foot/toe/DF weakness/mild atrophy
2. Moderate unilateral foot/toe/PF/hamstring weakness
3. Unilateral buttock/thigh/posterior cal pain

Note: EMG's are not required if diagnosis is clinically obvious.

IN this Injured Employee, he does not meet any of the above criteria for S1 radiculopathy. There are no EMG's available for review.

He still smokes ½ pack per day, thus does not fulfill ODG criteria.

There is no radiographic evidence of instability. Report of dynamic films indicates adjacent level disease only with no instability. The most recent MRI does not document instability or a spondylolisthesis.

According to ODG criteria, the following criteria must be met for 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; and (2) All physical medicine and manual therapy interventions are completed; and (3) X-rays demonstrating spinal instability and/or myelogram, CT-

myelogram, or discography (see discography criteria) and MRI demonstrating disc pathology; and (4) Spine pathology limited to two levels; and (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.

There is no X-ray demonstrating spinal instability and the injured employee has not refrained from smoking. The recommendation is to uphold the previous denial.

**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)

Spine (Phila Pa 1976). 2007 Sep 15; 32(20):2253-7. Adjacent segment disease following lumbar/thoracolumbar fusion with pedicle screw instrumentation: a minimum 5-year follow-up. Cheh G, Bridwell KH, Lenke LG, Buchowski JM, Daubs MD, Kim Y, Baldus C.

Spine J. 2008 Sep-Oct; 8(5): 747-55. Epub 2007 Nov 26. Fusion and nonsurgical treatment for symptomatic lumbar degenerative disease: a systematic review of Oswestry Disability Index and MOS Short Form-36 outcomes. Carreon LY, Glassman SD, Howard J.

Spine (Phila Pa 1976). 2009 May 1; 34(10):1094-109. Are preoperative health-related quality of life scores predictive of clinical outcomes after lumbar fusion? Carreon LY, Glassman SD, Djurasovic M, Dimar JR, Johnson JR, Puno RM, Campbell MJ.