

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 3/24/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Post/Fusion Decompression L2/3 Hardware Removal L3
2 day LOS

QUALIFICATIONS OF THE REVIEWER:

Neurosurgery, Surgery Spine

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)

Post/Fusion Decompression L2/3 Hardware Removal L3 Upheld
2 day LOS Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Facsimile cover sheet by dated 3/4/2010
2. Notice of assignment of independent review organization by dated 3/4/2010
3. Fax cover by dated 2/8/2010-2/22/2010 multiple dates
4. Evaluation note by PhD dated 2/3/2010
5. Follow-up note by MD dated 1/5/2010
6. Radiology report by author unknown dated 10/13/2009
7. Follow-up note by MD dated 7/23/2009-1/5/2010 multiple dates
8. New patient visit by MD dated 7/8/2009
9. Letter by MD dated 7/8/2009
10. Follow-up note by DO dated 6/12/2009-12/11/2009 multiple dates
11. Functional capacity evaluation result by PT dated 6/13/2007
12. Operative report by MD dated 3/6/2007
13. Radiology report by author unknown dated 9/26/2006
14. The ODG Guidelines were not provided

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a female whose date of injury is xx/xx/xx. On this date it appears that she tripped over some equipment, falling to the floor. The injured employee has undergone multiple back surgeries which have

included: lumbar discectomy (2000), 360 degree lumbar fusion (2001), lumbar fusion (2002), broken screws (2005), broken screws (2006), and a trial spinal cord stimulator (2007). The injured employee is diagnosed with a Failed Back Surgery Syndrome (FBSS). Radiographs of the lumbar spine dated 07/23/09 showed posterior instrumentation from L3 to S1 hardware bilaterally, at L4-L5 there is anterior fixation, L3-L4 does not appear solidly fused and appears to have some haloing of her inferior screws at S1, and a 10mm retrolisthesis of L2-L3 does not appear to reduce dynamically.

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

An EMG-NCV done on 7/23/09 revealed mild chronic right L5 radiculopathy and the EMG-NCV of the left lower extremity is normal.

CT Myelogram of the lumbar spine dated 10/13/09 showed bilateral pedicle screws at L3 and S1 and an interbody fusion graft at L3-L4, laminectomies appear to have been performed from L3-L4 and through L5-S1, the defect along the left lateral aspect of the thecal sac at L4-L5 is not identified, there is also retrolisthesis on L2-L3 to a slightly greater degree with no definite signs of instability. Post procedure CT scan of the lumbar spine showed interval loss of height of the L2-L3 disc space with development of endplate sclerosis and endplate irregularity, retrolisthesis of L2-L3 with an underlying posterior disc bulge reducing at AP diameter of the spinal canal to 10mm, status post laminectomies at L3-L4, bilateral laminectomies and partial facetectomy at L4-L5 and wide bilateral laminectomies at L5-S1 with right sided facetectomy, there is an interbody fusion graft at L3-L4 with signs of solid fusion, intertransverse bone fusion at L3-L4, solid bone fusion at the left L4-L5, fragmented right pars interarticularis at L5, and posterior disc protrusion at L1-L2 of about 3mm.

Physical examination findings reported 12/11/09 showed no weakness in the lower extremities, symmetric reflexes and negative Seated Root Test.

On 01/05/10 the injured employee was seen in follow-up by Dr.. It is reported the injured employee was referred for flexion/extension views. Dr. reports the injured employee is unstable at L2-3 level. He opines decompression at this level with stabilization will help and subsequently recommends the injured employee proceed with decompression and stabilization at L2-3. His intent is to remove screws, saw through preexisting rods and not take out entire construct because it will be more surgery than she needs, put in new screws at 3 with new screws at 2.

On 02/03/10 the injured employee was referred for preoperative psychiatric evaluation. It is reported the injured employee has hardware problem and she is being considered for hardware removal and fusion. Her current medications include Oxycontin 80 mg qid, Oxy IR qid, Gabapentin, Sertraline 50 mg, and Ambien 10 mg qhs. She is noted to have been stable on these medications for years. She is reported to have not worked since her injury in 1998. The injured employee underwent MMPI-II which reports some evidence of variable response inconsistency as well as fixed false response inconsistency in the protocol. The levels of inconsistency do not invalidate the test protocol; however, her scores should be interpreted with some caution. The injured employee's PAIRS score is reported to be 60. BDI and BAI were not performed. The evaluator, Dr. Andrew Block, Ph.D. reports the injured employee is clear for surgery with fairly good prognosis for pain reduction and functional improvement. He recommends reduction of narcotic consumption preoperatively in order to achieve good post op pain control.

On 02/06/10 the request for surgery was reviewed by Dr. Dr. Clark non-certified the request. He notes the injured employee is reported to have increasing back pain and finds it difficult to function; however, there is limited objective documentation regarding degree of pain perceived by the injured employee to include activity logs, medication compliance and subjective documentation to degree of relief obtained was not noted. He notes there is no recent detailed functional assessment to establish significant impairment in activities of daily living. He notes CT myelogram dated 10/13/09 reported retrolisthesis of L2 on L3; however, no definite signs of instability were seen. A peer to peer discussion did not occur.

On 02/22/10 the request was reviewed by Dr. Dr. notes no peer to peer discussion occurred. He reported this is complex case to extent this claimant has had previous lumbar surgeries. He reports records reflect the injured employee is described as suffering from postlaminectomy syndrome. More recent records document junctional changes including spondylolisthesis at the level above her surgery. He reports the records, however, do not quantify the nature of those particular findings and whether or not it is truly unstable or whether or not this is a result of adjacent segmental degenerative change. He further reports the records have not clearly identified this as source of injured employee's pain other than subjectively she appears to point to that area. He notes the records have not discussed any confounding psychological issues which certainly would be in play with this individual who has been suffering from back pain for years. He opines the request is not reasonable or medically necessary.

The request for posterior decompression and fusion at L2-3 and hardware removal at L3 and 2 day LOS (length of stay) is not supported by the submitted clinical information, and the previous utilization review determinations are upheld. The available clinical records indicate the injured employee has history of low back pain as result of trip and fall on 12/18/1998. She subsequently has undergone multiple back surgeries which have included lumbar discectomy, 360 degree lumbar fusion in 2001, lumbar fusion 2002, additional surgeries for hardware failure in 2005 and 2006, and later trial of spinal cord stimulation in 2007 with no improvement. The injured employee has failed back surgery syndrome with chronic intractable low back pain, which has largely been treated with oral medications. The injured employee's serial physical examinations do not show any objective deficits. The injured employee has

undergone CT myelogram of the lumbar spine on 10/13/09. This study notes postoperative changes with retrolisthesis of L2 on L3 without definite signs of instability.

The submitted clinical records indicate that Dr. opines the injured employee has instability at L2-3 level as result of performing flexion/extension radiographs. However, this note does not indicate the nature and degree of translation at L2-3 level. Dr. does not quantify a degree of instability on plain radiographs. Additionally, a previous CT myelogram has not indicated any instability or evidence of pseudoarthrosis. The record would indicate the injured employee has failed all conservative treatment and was subsequently referred for preoperative psychiatric evaluation. This evaluation appears to be incomplete, and noting MMPI-II was performed and there are questions regarding inconsistency in the injured employee response, it is noted that Dr. did not perform BDI or BAI (Beck Depression/Anxiety Inventory) which would be pertinent to a complete evaluation. Given the chronicity of the injured employee's condition, there in all probability is a significant psychological overlay. The previous reviewers both note there is no clear evidence of instability at L2-3 level. It is noted there were inconsistencies documented on the injured employee's MMPI-II. Based on the clinical information provided, and based on the above criteria in accordance with the nationally utilized ODG guidelines, the injured employee would not meet criteria for performance of hardware removal with decompression and fusion at L2-3 level and 2 LOS. 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
- X 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)