

## Notice of Independent Review Decision

**DATE OF REVIEW:**

11/18/2010

**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Inpatient lumbar interbody fusion with instrument (63047, 63048, 22612, 22630, 22840, 22851, 20936, and 95920).

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

Board Certified Neurological Surgeon

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: Upheld

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**The proposed surgery inpatient lumbar interbody fusion with instrument is not medically necessary.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- TDI/DIVISION OF WORKERS' COMPENSATION referral forms
- 11/09/10 letter from Medical Operations,
- 11/08/10 MCMC Referral
- 11/08/10 Notice To MCMC, LLC Of Case Assignment, DWC
- 11/05/10 Confirmation Of Receipt Of A Request For A Review, DWC
- 11/04/10 Request For A Review By An Independent Review Organization
- 10/13/10 letter from Review Nurse,
- 10/04/10 letter from Review Nurse,
- 09/09/10, 06/10/10 Follow-Up Office Visits, M.D., Spinal Clinic
- 08/31/10 (date of exam) Report of Medical Evaluation, DWC
- 08/31/10 Designated Doctor Examination, M.D.
- 05/06/10 Initial Office Visit, M.D., Spinal Clinic
- 03/17/10 lumbosacral spine radiographs, Radiological Association
- 03/17/10 office note, M.D.
- 03/16/10 Office/Outpatient Visit, M.D., Spine Diagnostic & Treatment Center
- 03/01/10 office note, RN, MSN, FNP-C
- 11/11/09 Office Visit note, FNP-C, Pain Associates

- 10/28/09 Mental Health Evaluation, LCSW, Pain Associates
- 08/28/09 Clinical Encounter Summaries, M.D., Orthopedic Group
- 07/07/09 office note, M.D., Pain Center
- 04/20/09, 04/13/09 Office/Outpatient Visits, M.D.
- 04/13/09 lumbar spine x-rays, Medical Center
- 02/24/09 MRI lumbar spine, Radiological Association
- Listing of health care professionals with demographic information
- ODG Integrated Treatment/Disability Duration Guidelines for Low Back – Lumbar & Thoracic (Acute & Chronic)

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a male with a date of injury xx/xx/xx, when he was lifted heavy welding equipment. He complains of low back pain and numbness and tingling in the left greater than right leg. He has undergone physical therapy, epidural steroid injections (ESIs), and medications. His neurological examination 08/31/2010 reveals left leg flexors and extensors at 4+/5 strength. Flexion and extension films of the lumbar spine 04/13/2009 reveal preservation of the disc spaces and no abnormal movement. On 07/07/2009 he underwent a lumbar discogram which demonstrated 0/10 non-concordant pain at L3-L4, 7/10 concordant pain at L4-L5, and 10/10 concordant pain at L5-S1. An MRI of the lumbar spine 02/24/2009 reveals mild discogenic degenerative changes at L4-L5 and L5-S1. There is a possible shallow central disc herniation at L3-L4 without neural element compression. An MRI of the lumbar spine 05/21/2010 reveals a broad based right paramedian disc protrusion at L5-S1, posteriorly deviating the right S1 nerve root. There is degenerative disc disease at L4-L5 and L3-L4. An electromyogram/nerve conduction velocity (EMG/NCV) study 04/22/2009 is normal. He is a smoker. He has a past history of drug abuse and a mental health evaluation 10/28/2009 stated he had a history of depression, anxiety, past suicide attempt, and feelings of hopelessness. It also states that he does not have a good support system and has had serious problems with anger and aggression in the past. Six sessions of psychotherapy were recommended. The Attending Provider (AP) is requesting an inpatient lumbar interbody fusion with instrumentation at L4-L5, and L5-S1 with CPT codes: 63047, 63048, 22612, 22630, 22840, and 22851.

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

The injured individual has multiple psychological co-morbidities and is a smoker. According to the Official Disability Guidelines (ODG), "Low Back" chapter, a "[Psychosocial screen](#) with confounding issues addressed" should be performed prior to a lumbar fusion. While the injured individual has undergone a behavioral assessment with recommendations for individual psychotherapy (10/2009), he has not been "cleared" for surgery, from a psychological standpoint. Secondly, he is a smoker. According to the ODG, "Low Back" chapter, "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 evidence that the injured individual has stopped smoking. Lastly, the degenerative findings are mild at L4-5 and L5-S1, according to the radiology reports. According to the ODG, "Low Back" chapter, "one or two level segmental failure with progressive degenerative changes, loss of height, disc loading capability" may be an indication for fusion. However, based on the submitted information the claimant does not have any of these findings on his neuroimaging. For all the above reasons the surgery is not medically necessary.



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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**