

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 11/8/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient lumbar spine surgery: L5-S1: Hardware removal, exploration and repair as indicated

QUALIFICATIONS OF THE REVIEWER:

Orthopaedics, Surgery Trauma

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)

Inpatient lumbar spine surgery: L5-S1: Hardware removal, exploration and repair as indicated Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Fax page dated 10/22/2010
2. Notice of air analysis by dated 10/22/2010
3. IRO request form by author unknown, dated 10/21/2010
4. Request form by author unknown, dated 10/20/2010
5. Letter by author unknown, dated 10/12/2010 & 10/20/2010
6. Notice of utilization review findings by author unknown, dated 10/12/2010 & 10/20/2010
7. Letter by dated 10/27/2010
8. Notice of assignment by, dated 10/22/2010
9. Request form by author unknown, dated 10/20/2010
10. Clinical note by author unknown, dated 10/12/2010 & 10/20/2010
11. Notice of utilization review by author unknown, dated 10/12/2010 to 10/22/2010
12. Notice of intent to issue by author unknown, dated 10/11/2010
13. Surgical consultation by MD, dated 9/28/2010
14. CT scan review by MD, dated 9/27/2010
15. Letter by author unknown, dated 9/20/2010
16. X-ray interpretation by author unknown, dated 9/3/2010
17. Patient inquiry data by author unknown, dated 8/30/2010
18. Medical narrative by MD, dated 8/2/2010
19. Radiology report by MD, dated 6/8/2010
20. EMG/ nerve conduction study by MD, dated 6/1/2010

Name: Patient_Name

21. Patient follow up by author unknown, dated 5/6/2010 to 9/3/2010
22. Patient follow up by author unknown, dated 5/6/2010 to 9/3/2010
23. Office visit by MD, dated 3/23/2010
24. Notice of disputed issue by author unknown, dated 2/12/2010 & 8/24/2010
25. Initial patient evaluation by author unknown, dated 2/5/2010
26. Final report by MD, dated 10/10/2008
27. Orthopedic spinal follow up by MD, dated 1/10/2008
28. Lumbar spine by MD, dated 7/5/2007
29. Work status report by author unknown, dated 4/19/2007 to 6/8/2010
30. Office notes by MD, dated 4/3/2007 & 7/5/2007
31. Lumbar spine three views by MD, dated 4/3/2007
32. Report of medical evaluation by author unknown, dated 3/27/2007
33. History & physical examination by MD, dated 3/21/2007
34. Physical examination by author unknown, dated 3/19/2007
35. Impairment rating evaluation by MD, dated 3/19/2007
36. Lumbar spine two views by MD, dated 2/6/2007
37. Follow up office visit by author unknown, dated 1/15/2007 to 11/26/2007
38. Office notes by MD, dated 12/26/2006
39. Discharge summary by Dr., dated 12/15/2006
40. Operative report by Dr., dated 12/12/2006
41. Operative report by Dr. dated 12/12/2006
42. Lumbar spine by Dr., dated 12/12/2006
43. Lumbar spine 1 view by Dr., dated 12/12/2006
44. Chest single view by MD, dated 12/5/2006
45. Drug history log by author unknown, dated 4/21/2006 to 7/25/2007
46. Impairment rating report by author unknown, dated 1/20/2006 & 3/21/2007
47. Report of medical evaluation by MD, dated 1/20/2006 & 3/21/2007
48. Report of medical evaluation by MD, dated 1/20/2006
49. Report of medical evaluation by author unknown, dated 1/18/2006 & 1/20/2006
50. Impairment rating evaluation by MD, dated 1/18/2006
51. First report of injury by author unknown, dated unknown
52. Fax page dated unknown
53. Clinical note by author unknown, dated unknown

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Xxx is a male. He sustained an injury to his back on xx/xx/xx when he was lifting some traffic barrels from truck. On 4/13/06 he underwent a lumbar decompression and fusion with instrumentation for a spondylolisthesis. The injured employee has had multiple interventions, physician visits and diagnostic tests. Currently the IW takes Lyrica, Vicodin and Flexeril. He continues to complain of back pain and leg pain, with pain in the RLE greater than the left. Recent tests include an EMG on 6/1/10: Reinnervation bilaterally L4-S1 levels and subacute changes at right L4-5 levels. A CT scan from 6/08 demonstrates solid interbody fusion at LS level; scar tissue is present, but no stenosis. A 9/27 note indicates physical exam is unchanged from: sciatic notch tenderness, positive Lasegue's on the right at 45 degrees, paresthesias right S1 and absent posterior tibial reflex, bilateral. The request is for exploration of spine, with ROH and possible refusion if pseudoarthrosis is found.

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

Revision surgery often involves correcting a deformity caused by a previously failed back surgery, breakage of instrumentation or pseudoarthrosis. The type of revision depends on the problem. The procedure may include operating on both the front and back of the spine. The incidence of complications from revision lumbar spine fusion surgery is higher than in first-time procedures. It is also more difficult to relieve pain and restore nerve function in revision surgery. Injured employee should be aware that the chance of having long-term spinal pain is increased.

It is recommended that the physician evaluate for the presence of a pseudoarthrosis if the clinical outcome is suspicious for symptomatic fusion failure

–However strength of association is unknown

•Quality of evidence: Class III

•Strength of recommendation: D

•Recommended that revision of symptomatic pseudoarthrosis be considered since arthrodesis is associated with improved outcome

–Quality of evidence: Class III

Name: Patient_Name

–Strength of recommendation: D

The absence of motion between spinous processes on dynamic radiographs be used to exclude pseudoarthrosis in lieu of bridging bony trabeculae

Quality of evidence: class II

Strength of recommendation: B

Radiographic assessment by treating surgeon is unreliable and should be performed in a blinded fashion

Quality of evidence: class II

Strength of recommendation: C

In this case, the injured employee has no evidence of pseudoarthrosis by diagnostic studies; in fact, the CT scan from 6/10 indicated a solid interbody fusion. There are no dynamic films indicating instability. The pain can be attributed to surgery.

Overall, the claimant does not meet the ODG criteria for lumbar fusion surgery as the injured employee has had stable symptoms for over 6 months, most likely related to previous surgery; there is no evidence of pseudoarthrosis, no evidence of segmental instability and no neural arch defect. The previous denial is upheld.

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)

ODG -TWC: ODG Treatment - Integrated Treatment/Disability Duration Guidelines - Low Back - Lumbar & Thoracic (Acute & Chronic) - Fusion (spinal)

ODG -TWC: ODG Treatment - Integrated Treatment/Disability Duration Guidelines - Low Back - Lumbar & Thoracic (Acute & Chronic) - Laminectomy/ laminotomy

ODG -TWC: ODG Treatment - Integrated Treatment/Disability Duration Guidelines - Low Back - Lumbar & Thoracic (Acute & Chronic) - Discectomy/ laminectomy

Ma Y, Passias P, Gaber-Baylis LK, Girardi FP, Memtsoudis SG. Comparative in-hospital morbidity and mortality after revision versus primary thoracic and lumbar spine fusion. Spine J. 2010 Oct;10(10):881-9.

Glassman SD, Carreon LY, Djurasovic M, Dimar JR, Johnson JR, Puno RM, Campbell MJ. Lumbar fusion outcomes stratified by specific diagnostic indication. Spine J. 2009 Jan-Feb;9(1):13-21. Epub 2008 Sep 19.