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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/19/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral transforaminal lumbar interbody fusion of L5-S1 with expedium and bone graft with decompressive laminectomy of L3-S1 and a three day length of stay.

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

MD, Board Certified in Neurological Surgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

Workers¹ Comp Services 7/13/10, 8/17/10

M.D. 5/12/10, 1/30/09

Orthopaedic Surgery Group 7/31/09 - 7/22/10

Rehabilitation Medicine and Pain Clinic 11/12/09

Imaging 8/27/09, 7/21/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male with a date of injury of xx/xx/xx, when he was lifting forms at a jobsite. He is diagnosed with displacement of lumbar intervertebral disc. He complains of low back pain with bilateral leg radiating pain. His pain is mechanical in nature and aggravated by walking, as well. He has undergone physical therapy and facet injections, trigger point injections, and medications. His neurological examination 01/18/2009 reveals 4+/5 bilateral extensor hallucis strength and right 4+/5 anterior tibialis strength. A MRI of the lumbar spine 07/31/2009 reveals at L3-L4: moderate to severe canal stenosis with moderate to severe bilateral neuroforaminal stenosis. At L4-L5: there is severe right and moderate to severe left neuroforaminal narrowing. There is mild to moderate canal stenosis at this level. At L5-S1: there are inflammatory endplate changes with spondylolisthesis and severe canal and bilateral neuroforaminal stenosis. A CT of the lumbar spine 08/27/2009 reveals severe spinal stenosis at L3-L4 and L4-L5 with bilateral neuroforaminal stenosis at both levels, as well. There is moderate spinal stenosis at L5-S1 with severe bilateral neuroforaminal stenosis

secondary to spondylolisthesis of 6mm due to bilateral pars interarticularis defects. The provider is recommending fusion at L5-S1 with Expedium and bone graft, and a decompressive laminectomy from L3-S1.

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

The claimant has failed conservative measures and remains with severe low back and bilateral leg pain. He has symptoms of neurogenic claudication. He has severe stenosis at L3-L4, L4-L5, and L5-S1. A decompression is medically necessary at all three levels. In addition, due to the spondylolisthesis at L5-S1, a fusion is medically necessary at L5-S1. This is considered standard of care and patient outcomes have shown improvement when there is a fusion as well as decompression for spinal stenosis in the setting of spondylolisthesis. A fusion is performed due to the instability that is caused by the decompression. A decompression is clearly medically necessary and supported by evidence-based guidelines. The proposed treatment is consistent with ODG criteria for a lumbar fusion and lumbar decompressive laminectomy. The reviewer finds that medical necessity exists for Bilateral transforaminal lumbar interbody fusion of L5-S1 with expedium and bone graft with decompressive laminectomy of L3-S1 and a three day length of stay.

Patient Selection Criteria for Lumbar Spinal Fusion: 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. [For excessive motion criteria, see AMA Guides, 5th Edition, page 384 (relative angular motion greater than 20 degrees). (Andersson, 2000) (Luers, 2007)] (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. [For spinal instability criteria, see AMA Guides, 5th Edition, page 379 (lumbar inter-segmental movement of more than 4.5 mm). (Andersson, 2000)] (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. (See ODG Indications for Surgery -- Discectomy.) 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; & (2) All physical medicine and manual therapy interventions are completed; & (3) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or discography (see discography criteria) & MRI demonstrating disc pathology; & (4) Spine pathology limited to two levels; & (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. (Colorado, 2001) (BlueCross BlueShield, 2002)

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

ACOEM-AMERICA 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)