

INDEPENDENT REVIEWERS OF TEXAS, INC.

4100 West El Dorado Pkwy · Suite 100 – 373 · McKinney, Texas 75070

Office 469-218-1010 · Toll Free 1-877-861-1442 · Fax 469-218-1030

e-mail: independentreviewers@hotmail.com

Notice of Independent Review Decision

DATE OF REVIEW: 04/13/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: IP L5 S1 Posterior Lumbar Fusion w/Pedical Screws and Rods Iliac Bone Graft and Anterior Lumbar Fusion (ALIF) Screws L5 S1.

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 01/08/10 - Clinical Note - MD
2. 01/21/10 - Clinical Note - MD
3. 03/09/10 - Clinical Note - MD
4. 03/17/10 - Clinical Note - MD
5. 04/27/10 - Clinical Note - MD
6. 06/10/10 - Designated Doctor Evaluation
7. 06/10/10 - Report of Medical Evaluation
8. 06/10/10 - Texas Work Status Report
9. 06/22/10 - Clinical Note - MD
10. 07/13/10 - Clinical Note - MD
11. 08/10/10 - Clinical Note - MD
12. 08/27/10 - Independent Medical Evaluation
13. 08/27/10 - Operative Report
14. 09/14/10 - Clinical Note - MD
15. 10/26/10 - Clinical Note - MD
16. 12/10/10 - Designated Doctor Evaluation
17. 12/10/10 - Report of Medical Evaluation
18. 02/01/11 - Mental Health Evaluation
19. 02/16/11 - Physical Medicine & Rehabilitation Treatment Plan
20. 02/22/11 - Clinical Note - MD
21. 02/22/11 - Pre-Authorization Request
22. 03/07/11 - Adverse Determination Notice
23. 03/31/11 - Adverse Determination Notice
24. 04/06/11 - Correspondence

25. Official Disability Guidelines

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury to the low back on xx/xx/xx.

The employee saw Dr. on 01/08/10. The employee complained of left sided back pain with radiation into the left lower extremity rating 8 out of 10. The note stated the employee attended physical therapy for two months without relief. Physical examination revealed tenderness along the lumbar spinous process at L4-L5 and L5-S1. Lumbar range of motion was limited. Straight leg raise was positive on the left at 80 degrees. The lumbar facet joints were tender to palpation bilaterally at L4-L5 and L5-S1. Sensation was slightly decreased to light touch in the left L5-S1 dermatomal distribution. Motor strength of the lower extremities was weaker on the left as compared to the right. The employee was assessed with lumbar discogenic pain with radiation into the left lower extremity, bilateral lumbar facet joint pain, and failed conservative treatment. The employee was recommended for a left L5 transforaminal epidural steroid injection.

The employee saw Dr. on 03/09/10. The employee complained of low back pain with radiation into the left lower extremity. Prior treatment included physical therapy, medication management, and a lumbar epidural steroid injection. Physical examination revealed tenderness to palpation at the waist level. There was marked exacerbation of pain with extension. Flexion improved the employee's symptoms. Straight leg raise was negative. There was no evidence of nerve root tension signs. Sensation was intact throughout. Radiographs of the lumbar spine demonstrated no evidence of spondylolysis. There was very mild anterolisthesis of L5 on S1, but no evidence of destruction at the posterior elements. There was no abnormal translation or rotation evidence between flexion and extension. The employee was assessed with facet joint synovitis at L5-S1 bilaterally and central disc herniation at L4-L5 and L5-S1. The employee was recommended for bilateral facet blocks at L5-S1.

The employee was seen for Designated Doctor Evaluation on 06/10/10. The note stated an MRI of the lumbar spine performed 11/23/09 demonstrated broad-based disc herniations at L4-L5 and L5-S1. Also, electrodiagnostic studies performed 04/06/10 demonstrated an acute right S1 root irritation, consistent with radiculitis. These reports were not provided for review. Physical examination revealed the employee was able to walk on his heels and toes without difficulty. There was tenderness to palpation of the lumbar paraspinal muscles. Range of motion reveals flexion to 40 degrees, extension to 20 degrees, right lateral bending to 15 degrees, and left lateral bending to 17 degrees. Straight leg raise was to 60 degrees bilaterally. Sensation to touch and pinprick was decreased at L5. There was full muscle strength throughout. The employee was assessed with lumbar herniated disc. The employee was not placed at Maximum Medical Improvement (MMI) at that time.

The employee underwent left L5-S1 lumbar facet block on 08/27/10.

The employee was seen for follow-up on 09/14/10. The employee reported 60% improvement in his symptoms for the first five days following the injection. The symptoms had gradually returned. Physical examination revealed tenderness at the low back at waist level. Straight leg raise was negative. Sensation was intact. There was

full motor strength in all lower extremity myotomes. The employee was recommended for a right-sided facet block.

The employee saw Dr. on 10/26/10. The requested right-sided facet block was denied. Physical examination revealed marked low back pain with extension. The employee was able to flex to 45 degrees with mild discomfort. There was full strength in all lower extremity myotomes. Sensation was intact. The employee was recommended for fusion at L5-S1.

The employee was seen for Designated Doctor Evaluation on 12/10/10. The employee complained of constant pain in the lower back and legs rating 7 to 9 out of 10. The employee reported bowel, bladder, and sexual dysfunction. Current medications included Lyrica, ibuprofen, Cyclobenzaprine, and Lidoderm patch. Physical examination revealed spasm of the paraspinal muscles. Lumbar range of motion revealed flexion to 37 degrees and extension to 15 degrees. There was tenderness to palpation of the iliolumbar ligaments. Straight leg raise was to 57 degrees on the right and 54 degrees on the left. There was decreased sensation to light touch and pinprick on the right at the L5 dermatome. The employee was not placed at MMI.

The employee was seen for mental health evaluation on 02/01/11. The note stated the employee had realistic expectations and understand that the procedure was not likely to produce total pain relief. The employee rated his average pain at 8 out of 10. The employee's ODI score was 52/100. The employee's BDI score was 16, indicating mild depression. The employee's BAI score was 20, indicating moderate anxiety. The employee's GAF score was 65. The employee was assessed with pain disorder associated with both psychological factors and a general medical condition. The employee was felt to be a suitable candidate for surgery.

The employee saw Dr. on 02/22/11 with complaints of low back pain. Physical examination revealed the employee was able to heel and toe walk. There was tenderness in the back with extension and point tenderness in the paraspinal areas over the lower lumbar facet joints. There was no evidence of nerve root tension signs. There was full strength in all lower extremity myotomes. Sensation was intact in all lower extremity dermatomes. Deep tendon reflexes were within normal limits. The employee was recommended for surgical intervention.

The request for L5-S1 posterior/anterior lumbar fusion with pedicle screws and rods was denied by utilization review on 03/07/11 due to no evidence of instability or spondylolisthesis. Also, there was no evidence of any motor or neurologic deficits on physical examination.

The request for L5-S1 posterior/anterior lumbar fusion with pedicle screws and rods was denied by utilization review on 03/31/11 due to no evidence of instability in the spine and no defect noted for which a lumbar fusion would be medically indicated.

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

The request for IP L5 S1 Posterior Lumbar Fusion w/Pedical Screws and Rods Iliac Bone Graft and Anterior Lumbar Fusion (ALIF) Screws L5 S1 would not be medically

necessary. The clinical documentation provided for review does not support the requested surgical procedures. The radiographs studies provided for review revealed no evidence of motion segment instability at L5-S1. The employee was stated to have undergone imaging studies to include MRI; however, no official MRI reports were provided for review confirming evidence of severe spondylolisthesis, disc space collapse, or degenerative disc disease that would reasonably require the requested surgical procedures. Therefore, the medical necessity is not supported in the available medical records.

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

Official Disability Guidelines, Online Version, Low Back Chapter

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, with 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. Spinal instability criteria includes 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)

For average hospital LOS after criteria are met, see Hospital length of stay (LOS).