

# Prime 400 LLC

An Independent Review Organization  
8760 A Research Blvd., #241  
Austin, TX 78758  
Phone: (530) 554-4970  
Fax: (530) 687-9015  
Email: manager@prime400.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Aug/17/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Inpatient Lumbar Laminotomy, Decompression, Posterior Instrumentation, Arthrodesis, Allograft

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

M.D., Board Certified Orthopedic Surgeon

**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, Treatment in Worker's Comp 16th edition, 2011 Updates- low back

MRI spine Report 5/12/11

Office Notes Dr. 11/2/10, 2/22/11, 5/3/11, 5/13/11, 6/14/11

Office Notes Dr. 1/12/11

Healthcare Systems psychological Exam 7/6/11

Adverse Determination Reports 5/18/11, 6/23/11

Surgery Pre certification 5/13/11

Spinal X rays 11/2/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who had an injury date of xx/xx/xx when he was carrying a storm door and felt the onset of low back pain, bilateral buttock and leg pain right greater than the left. The claimant has a history of L5-S1 discectomy approximately 25 years ago. The claimant had been seeing Dr's and for complaint of low back pain, bilateral buttock pain and radiculopathy. The claimant had an MRI on 10/22/10 that showed post op changes at L5-S1 with marked disc desiccation, disc bulging and bilateral facet arthrosis. There was mild disc desiccation at L4-5 with disc bulging, bilateral facet arthrosis and mild bilateral foraminal narrowing. X-ray findings were noted to show end-stage degeneration at L5-S1 and a grade I spondylolisthesis at L5-S1 that reduced with extension. The medical records indicate that the claimant underwent extensive non-operative care including activity modification, physical therapy, time and injections without relief. The most recent MRI of 5/2/11 showed post op changes at L5-S1 with findings consistent with scarring. There was disc desiccation, mild posterior disc bulging and facet and ligamentous hypertrophic changes that produced mild narrowing of the central canal and mild narrowing of the neural foramina proximally. At L4-5

there was minimal posterior disc bulging, mild facet and ligamentous hypertrophic changes producing mild narrowing of the central canal.

The notes indicated that the claimant was getting progressively worse with severe bilateral buttock and leg pain. There was weakness of his bilateral EHL and tibialis anterior at 4/5 on 5/13/11 with a negative seated straight leg raise. On 06/14/11 reflexes were absent right patella and right tendo calcaneus. He had a mildly positive seated straight leg raise on the right. Dr. indicated that the claimant had MRI findings of end-stage degeneration at L5-S1, a previous right-sided hemilaminectomy and discectomy, severe scarring, a right-sided facet cyst with removal of a good portion of the facet on the right side. He felt there was significant instability and Modic changes at L5-S1. He recommended L5-S1 revision decompression and fusion and bilateral foraminotomies at L5-S1.

The surgery was denied on peer reviews dated 5/18/11 and 6/21/11. The claimant had a psychiatric exam on 7/06/11 and was found based on the clinical interview and objective testing that the claimant would be a good candidate for surgery at this time.

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

The evidence-based Official Disability Guidelines would typically recommend lumbar fusion for individuals who have documented evidence of spondylolisthesis for whom a reasonable course of conservative care has been undertaken and also have any confounding psychosocial issues addressed in advance of surgery.

In this particular case, the treating physician has reportedly identified the spondylolisthesis at the previous surgical level of L5-S1. That appears to be somewhat different than the reports from the MRI scan from 05/13/11, which state that there is obvious disc desiccation at that level, but no discrete spondylolisthesis.

However, since the treating physician's interpretation of the imaging studies shows evidence of spondylolisthesis, one can certainly make a case for incorporating lumbar fusion in this gentleman's surgery for what appears to be a combination of back and lower extremity pain of a radicular nature. The records clearly document that this gentleman has evidence of some degree of neural foraminal stenosis at L5-S1 and has a significant component of leg pain that would appear to be radicular in nature. He has failed significant conservative care. Of note, a psychological examination was reportedly benign, suggesting he was a reasonable candidate for surgery.

Based on the evidence-based Official Disability Guidelines criteria, this gentleman would meet the conditions for the requested surgery -- Inpatient Lumbar Laminotomy, Decompression, Posterior Instrumentation, Arthrodesis, Allograft. If, as the treating physician suggests, there is evidence of spondylolisthesis at this level, then incorporating the lumbar fusion would be indicated. Furthermore, if in the course of decompression of this degenerative level that a wide decompression was required, which included removal of in excess of 50 percent of each of the facet joints, then lumbar fusion would also be indicated. Obviously, if there was no demonstrable instability and the claimant had a significant component of leg pain, then a simple decompression may be in order, but it appears that the treating physician has identified spondylolisthesis, and thus it would appear based on his interpretation that the request should be considered medically necessary in this setting. The second peer review physician stated that there was no presurgical psychological examination. This has subsequently been completed. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned. The reviewer finds there is a medical necessity for Inpatient Lumbar Laminotomy, Decompression, Posterior Instrumentation, Arthrodesis, Allograft.

Official Disability Guidelines, Treatment in Worker's Comp 16th edition, 2011 Updates- low back

Fusion

Lumbar fusion for spondylolisthesis: Recommended as an option for spondylolisthesis. Patients with increased instability of the spine after surgical decompression at the level of degenerative spondylolisthesis are candidates for fusion.

Lumbar fusion:

Not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction, but recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria outlined below. After screening for psychosocial variables, outcomes are improved and fusion may be recommended for degenerative disc disease with spinal segment collapse with or without neurologic compromise after 6 months of compliance with recommended conservative therapy. There is limited scientific evidence about the long-term effectiveness of fusion for degenerative disc disease compared with natural history, placebo, or conservative treatment.

#### 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).

(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).

(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.

Pre-Operative Surgical Indications Recommended: Pre-operative clinical surgical indications for spinal fusion 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-ray demonstrating spinal instability and/or MRI, Myelogram or CT discography 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.

**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)