



DATE OF REVIEW: February 18, 2011

IRO Case #:

Description of the services in dispute:

Inpatient lumbar surgery to include L4–5 revision lumbar laminectomy, discectomy, arthrodesis with cages, posterior instrumentation; 2 day length of stay; CPT #63042, 63044, #69990, #22612, #22851, #20938, #22840, #22558, #22325.

A description of the qualifications for each physician or other health care provider who reviewed the decision:

The physician who provided this review is a fellow of the American Board of Orthopaedic Surgery. This reviewer is a fellow of the North American Spine Society and the American Academy of Orthopaedic Surgeons. This reviewer has been in active practice since 1990.

Review Outcome:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be upheld. The request for L4–5 revision lumbar laminectomy, discectomy, arthrodesis with cages and posterior instrumentation with a 2 day length of stay (CPT #63042, 63044, #69990, #22612, #22851, #20938, #22840, #22558, #22325) is not medically necessary.

Information provided to the IRO for review

Patient clinical history [summary]:

The patient is a xx-year-old male who sustained an injury while unloading a container. The patient fell backward, hitting his head on a brick wall and losing consciousness. MRI of the lumbar spine dated 05/19/10 reported findings of a 3 mm diffuse disc bulge at L4–5 flattening the thecal sac. Electrodiagnostic study dated 06/14/10 revealed findings of mild acute L4 radiculopathy. Operative report dated 08/19/10 reported the patient underwent an L4–5 laminectomy and foraminotomy. Clinical note dated 09/14/10 reported the patient complained of continuous and sharp pain. The patient was recommended for physical therapy. Clinical note dated 01/18/11 reported the patient complained of back pain with numbness and tingling in the left leg. The note reported that the patient was a smoker but promised to stop smoking for 6 months. The note reported the radiographs of the lumbar spine to include flexion/extension views revealed anterior column defect at L4–5 with a lack of support to 7 mm. Physical examination reported positive spring test, sciatic

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notch tenderness, positive right straight leg raise at 75 degrees, decreased left knee jerk, absent posterior tibial tendon jerk bilaterally, decreased ankle jerk on the left and left lower extremity motor weakness. The patient was recommended for surgical intervention. A prior review dated 01/27/11 reported the request for surgery was denied. It appears the denial was secondary to a lack of neurological examination and evidence of pain in a particular nerve root distribution. A prior review dated 02/03/11 reported the proposed surgery was not medically necessary. It appears the denial was secondary to a lack of angular instability or translational instability on radiographs.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:

The prior denials are upheld. Documentation submitted for review indicated the patient underwent prior lumbar spine surgery to include L4-5 laminectomy, discectomy and foraminotomy on 08/19/10. There were no independent advanced imaging studies submitted for review postoperatively. There is a lack of imaging evidence to support the request at this time. As such, the requested surgery is not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

Official Disability Guidelines Low Back Chapter.

Patient Selection Criteria for Lumbar Spinal Fusion:

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.

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