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Notice of Independent Review Decision

DATE OF REVIEW: 01/26/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Recon Lumbar laminectomy w/fusion and instrumentation L4/5/S1 1 day LOS and purchase TLSO back brace 99222 93030 63035x2 22630 22632 22851x4 22612 22614x2 20937 22842 20975 37202 11981 to complete by 2-25-11

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

Texas Board Certified Orthopedic Surgeon, Practicing Neurosurgeon

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. Workers' Compensation initial evaluation report and office notes D.C., 03/19/03, 11/26/08
2. MRI examination of the lumbar spine 04/21/10
3. CT myelogram 10/27/10
4. Office notes MD 10/07/10, 11/11/10, 12/09/10
5. Utilization review determination 11/24/10 regarding denied lumbar laminectomy with fusion and instrumentation L4/5/S1 one day LOS and purchase TLSO brace
6. Appeal request 12/21/10 regarding denial lumbar laminectomy with fusion and instrumentation L4/5/S1 one day LOS and purchase TLSO brace
7. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male whose date of injury is xx/xx/xx. Records indicate the employee was injured when he was hit by a car, pinning his legs between the car and a toolbox. The toolbox fell on him and he reportedly had a hyperflexion lumbar injury.

The employee was treated with physical therapy, chiropractic care, chronic pain management, multiple medications and multiple epidural steroid injections.

An MRI of the lumbar spine dated 04/21/10 revealed a 3 mm midline disc protrusion at L5-S1 resulting in abutment of the descending S1 nerve roots bilaterally. There was also a 2 mm left foraminal disc protrusion with abutment of the exiting left L5 nerve root at this level. At L4-L5, there was a 3 mm right paracentral and right foraminal disc protrusion resulting in abutment of the descending right L5 nerve root as well as abutment of the exiting right L4 nerve root. There is a moderate degree of central canal stenosis at L4-L5 with moderate facet arthropathy. Grade 1 anterolisthesis of L4 on L5 also was noted. CT myelogram was performed on 10/27/10. Myelogram showed L4-5 spondylolisthesis with central and bilateral L4-L5 defects, larger on the right with the left L5-S1 defect. Post-myelogram CT reported degenerative disc disease and facet disease primarily at L4-L5 and L5-S1. Moderately severe spinal stenosis was noted at L4-5 with mild anterolisthesis of L4 on L5 probably due to facet disease. There was no spinal stenosis with bilateral foraminal stenosis left greater than right at the L5-S1 level.

On examination on 10/07/10, the employee was noted to be 5'2" tall and 232 pounds. Employee walks with a flexed posture at the low back. Any back extension causes more severe pain in the back, hips and legs. He has a slight left antalgic gait and wide based gait. He had difficulty toe standing and heel standing bilaterally. There was a partial left foot drop. There was decreased sensation mainly in the L5 dermatomes and on the left side. Deep tendon reflexes were 1+ in the knees, trace in the right ankle and absent in the left ankle. There were no pathologic reflexes.

The employee was seen in follow-up on 11/11/10 and was reported to demonstrate increasing neurologic deficit with numbness, dysesthesias and weakness in the legs as well as severe mechanical low back disorder.

A request for lumbar laminectomy with fusion and instrumentation L4/5/S1 with one day LOS and purchase TLSO back brace was reviewed on 11/23/10. The request was denied noting that current imaging showed degenerative changes including spondylolisthesis of L4 on L5 and a disc bulge protrusion at L5-S1 on the left, but there were also degenerative changes at L3-L4. It was noted that the employee allegedly had urinary incontinence but the basis for this was not adequately discussed. The need to fuse L5-S1 was not apparent. It was not stated whether or not the employee is a tobacco user. The relationship of the current spine anatomy abnormalities to the work incident was not apparent and thus the request as submitted was not approved.

An appeal request for lumbar laminectomy with fusion and instrumentation L4/5/S1 with one day LOS and purchase TLSO back brace was non-certified. The reviewer noted that the employee complains of chronic low back pain. Guidelines suggest prior to lumbar fusion psychological screens should be included for review to document possible confounding issues prior to surgery. The documentation submitted for review

did not include a psychological evaluation. Further it was noted that guidelines did not suggest use of TLSO back braces. Accordingly the request for reconsideration was non-certified.

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

Based on the clinical data provided, medical necessity is not established for the proposed lumbar laminectomy with instrumented fusion at L4 and L5-S1, one day inpatient stay and purchase of TLSO back brace. The employee is noted to have sustained an injury to the low back in xx/xx. He reportedly was treated with extensive conservative care including physical therapy, chiropractic care, medications, epidural steroid injections and chronic pain management. MRI revealed degenerative changes with disc desiccation and endplate degenerative changes. Facet arthropathy also is noted. There is a right paracentral and right foraminal disc protrusion at L4-5 with mass effect on the right L5 nerve root and right L4 nerve root. At L5-S1 there is a midline disc protrusion abutting the descending S1 nerve roots bilaterally. A grade 1 anterolisthesis of L4 on L5 also was noted. CT myelogram revealed degenerative disc disease and facet disease primarily at L4-5 and L5-S1. There is no evidence of instability of the lumbar spine demonstrated by flexion and extension films. There also is no pre-surgical psychological evaluation addressing confounding issues. Given the clinical data provided, the proposed surgical procedure is not supported as medically necessary in accordance with ***Official Disability Guidelines*** criteria.

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

2011 ***Official Disability Guidelines*** 16th Edition low back chapter, online version

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](#))

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