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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4-L5 laminectomy fusion instrumentation, one day length of stay and DME: TLSO back brace

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

MD, Board Certified Neurosurgeon

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 for Workers' Compensation, Low Back

Provider 3/22/11, 4/13/11

M.D., F.A.C.S. 5/3/10 to 3/28/11

Ph.D. 1/24/11 to 2/28/11

M.D. 7/13/10

M.D. 6/14/10

Provider 6/10/10

M.D. 3/26/10

PATIENT CLINICAL HISTORY SUMMARY

This is a XX year-old male with a date of injury XX/XX/XXXX, when he was struck in the back by a large sledgehammer. He sustained severe injury to his left kidney. He complains of severe back pain with bilateral radiating leg pain with weakness of the bilateral foot and great toe dorsiflexion. He has taken pain medications. An MRI of the lumbar spine 06/14/2010 identifies at L4-L5 severe central spinal stenosis with moderate bilateral foraminal stenosis, right greater than left. At L3-L4 there is moderate central stenosis with mild/moderate left and moderate right neuroforaminal stenosis. At L2-L3 there is moderate central stenosis mild/moderate left and mild right neuroforaminal narrowing. A CT myelogram of the lumbar spine 07/13/2010 showed at L1-L2: a mild broad-based disc bulge causing mild encroachment of the anterior aspect of the dural sac; at L2-L3 there is mild-to-moderate broad-based disc bulging with moderate canal and mild bilateral neuroforaminal stenosis; at L3-L4 there is mild-to-moderate disc bulging with moderate canal and mild bilateral neuroforaminal stenosis; at L4-L5 there is moderate disc bulging with moderate encroachment of the dural sac, moderate spinal stenosis and bilateral neuroforaminal stenosis; at L5-S1 there is mild to moderate disc bulging with mild-to-moderate encroachment of the anterior aspect of the dural sac and neuroforamina. The provider states there is a spondylolisthesis at L4-L5, but none is mentioned on any of the radiology reports submitted for review. On 02/28/2011 the claimant underwent a psychological evaluation, which found him to be a good candidate for the procedure. The provider is recommending an L4-L5 decompression, fusion, and instrumentation.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND

CONCLUSIONS USED TO SUPPORT THE DECISION

The reviewer finds that L4-L5 laminectomy fusion instrumentation, one day length of stay and DME: TLSO back brace is not medically necessary. It is not clear from the records provided why a fusion is indicated.

There is no mention in radiology reports that there is a spondylolisthesis. No instability or progressive degenerative changes are noted at L4-L5 that warrants a lumbar fusion. The patient Selection Criteria for Lumbar Spinal Fusion has not been satisfied. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld. 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) (Provider, 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)