

AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 30, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Anterior Interbody Fusion L3-4, L4-5 and L5-S1 w/Interbody Cages and Bone Graft

Posterior Decompression L2-3, Post-Fusion L3-S1 with Hardware

63090 63091 22558 22585 22851 20931 63047 22612 22614 22842

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

This physician is Board Certified Neurological Surgeon with over 40 years of experience.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

12/23/10: X-Rays of the Lumbar Spine. Impression: AP shows a slight right sided deviation at the spinous processes at L4 and L5. He has a pars defect at L5 which appears to be bilateral. Space narrowing at L4-5 and L5-S1. Lateral reveals clearly the defect in the posterior elements at L5-S1, the collapse of the disc space at L5-S1, narrowing at L4-L5 and anterior bone spur at L3-4. He has only a slight anterolisthesis at L5-S1.

12/23/10: M.D. evaluated the claimant. Impression: Spondylolysis with minimal spondylolisthesis at L5-S1. Disc space collapse at L4-5 and L5-S1 with the worst at L5-S1. Back pain predominating over leg pain. Pain pattern suggestive of disc disruption.

1/3/11: MRI Lumbar Spine. Impression: Prominent degenerative facets seen in the lower lumbar spine. Combinations of mild posterior disk bulges with bulges with osteophytes and degenerative facets and mild hypertrophy of ligamentum flavum, causing spinal canal stenosis, mild at L1-2, moderate at L2-3 and L3-4 and mild L4-5 and L5-S1. Mild marrow edema at the endplates of L3-4 can represent done contusions. Mild posterior disk bulge at L5-S1, may mildly touch the outgoing L5 nerve root bilaterally. The neural foramen of the lumbar spine appear grossly unremarkable, except for mild narrowing at the right side of L3-4 neural foramen.

1/19/11: M.D. performed an ESI on the claimant.

1/27/11: M.D. re-evaluated the claimant. Impression: Bone edema at L3-4 most consistent with his recent injury. Spinal deformity along with some advanced exostoses and desiccation problems at multiple levels in his lumbar spine, most prominent at L3-4, L4-5, and L5-S1.

2/10/11: M.D. re-evaluated the claimant. Impression: Second ESI. The claimant can benefit from more physical therapy.

2/21/11: M.D. performed an ESI on the claimant.

3/3/11: M.D. re-evaluated the claimant.

3/11/11: PT note.

3/22/11: EMG was performed. Impression: The results are consistent with a right L4 radiculopathy.

3/31/11: M.D. re-evaluated the claimant.

4/19/11: M.D. performed a peer review on the claimant.

5/5/11: M.D. re-evaluated the claimant.

5/26/11: M.D. re-evaluated the claimant.

6/6/11: Post-myelogram lumbar CT. Impression: Marked central spinal canal stenosis L3-4 with effacement of the right L4 nerve root prior to its exit from the thecal sac. Moderate left and mild right L4-5 neural foraminal stenosis. Mild central spinal canal stenosis L2-3. Mild scoliosis, with convexity directed to the left.

6/9/11: M.D. re-evaluated the claimant.

6/23/11: M.D. performed an UR on the claimant. Rationale for Denial: There is no psychosocial evaluation submitted for review

6/30/11: M.D. re-evaluated the claimant. Undergo a three level 360 fusion.

7/11/11: Mental Health Evaluation was performed.

8/8/11: M.D. performed an UR on the claimant. Rationale for Denial: Dr. has not considered the psychological findings.

PATIENT CLINICAL HISTORY:

The claimant injured his back while unloading product.

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

The previous decisions are upheld. Per the ODG the claimant is not a good candidate for spinal fusion based on his psychological evaluation and there is not documentation that the claimant has stopped smoking for 6 weeks.

PER THE ODG:

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](#))

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

- ACOEM- AMERICAN 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)