

IRO REVIEWER REPORT TEMPLATE -WC



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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression) ;lumbar

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

MRI lumbar spine

Clinical records
Letter of appeal
Operative report

MRI lumbar spine
Psychiatric evaluation

Clinical note

Utilization review determination
Utilization review correspondence

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who is reported to have sustained an injury to his low back when he tripped and fell. He subsequently reported low back and bilateral leg pain. He is noted to have 60% back pain and 40% bilateral leg pain. The claimant received conservative treatment. He was noted to have undergone an MRI of the lumbar spine. This study noted multilevel degenerative changes and disc bulges the claimant was ultimately taken to surgery on at which time he underwent microscopic laminectomy, discectomy, facetectomy and neural foraminotomy at L3-4 and L5-S1 with laminectomy bilaterally at L4-5.

Post-operatively the claimant was noted to have continued low back pain and lower extremity pain. When seen in follow up on, he is reported to have persistent back pain with bilateral leg symptoms. His pain level is reported to be improved. He's noted to be more comfortable wearing a brace. The numbness in his left leg has improved significantly. He was subsequently referred for post-operative physical therapy.

When seen in follow up, it is reported that his right leg is much improved from his pre-operative condition. He continues to have back pain which he rates as 10/10. He has completed five to six sessions of physical therapy with some early improvement. He continues to take Lyrica which helps with his radicular symptoms. He subsequently was recommended to undergo lumbar medial branch blocks at the two lower levels L4-5 and L5-S1.

The claimant was referred for repeat MRI of the lumbar spine. This study notes expected contrast enhancement along the surgical bed between L3 and S1. L1-2 and L2-3 are unremarkable, at L3-4 the right anterolateral thecal sac is indented by T2 hypointense material with corresponding contrast enhancement compatible with granulation tissue. At L4-5 there was some evidence to suggest caudally directed disc extrusion which nears but does not compress the passing left L5 nerve root, a non-enhancing disc bulge causes moderate narrowing of the proximal portion of the right neural foramen abutting the exiting nerve.

The claimant was seen in follow up. He continues to report severe back pain which is approximately 70-80% of his pain with 20-30% leg pain, left greater than right. He is reported to have finished physical therapy and rates his pain as 10/10. On physical examination, he has a well healed incision. He has limited lumbar flexion

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and extension with severe pain. He has a positive straight leg raise on the left with radicular symptoms, with similar findings on the right. Sensation to light touch is decreased along the lateral thigh, anterior thigh, medial and lateral shin, dorsum of the foot, and lateral foot on the left with similar findings on the right. Motor strength is noted to be 4/5 in the tibialis anterior, EHL and ankle evertors bilaterally. He is subsequently recommended to undergo a transforaminal epidural steroid injection. The claimant is opined to have a post laminectomy syndrome and he is to be referred for psychological evaluation to see if he is a candidate for fusion.

Radiographs were performed of the lumbar spine which showed no evidence of instability in either flexion or extension. On the claimant underwent a pre-operative psychiatric evaluation the evaluator notes that the claimant views himself as either well or totally impaired. He reports that he believes the patient is appropriate surgical candidate but recommends that he be made to understand that a successful fusion will not necessarily make him pain free

The claimant was seen in follow up. The claimant continues to have back pain and pain in the lower extremities left greater than right. He is reported to be standing and sitting intolerant and his pain levels are reported to be 9/10. He does a home exercise program but has difficulty secondary to pain. The claimant underwent a L4-5 transforaminal injection and does not report any significant relief from this procedure. He subsequently was recommended to undergo surgical intervention. He was opined to have incompetent discs at L3-4, L4-5 and L5-S1 with a recurrent disc herniation at L4-5.

The claimant was seen in follow up. He is now reported to have progressive give way in his legs. He is now reported to have a history of falls. He reports 70% back pain and 30% leg pain. It is reported that his leg pain is on the right as well as the left but much more severe in the left leg. Physical examination is unchanged, and it is reported that he has ongoing neurological symptoms that are documented with EMG/NCV findings. He is again recommended to undergo surgical intervention

The initial review was performed. The reviewer notes the MRI does not reveal neural compression consistent with history and examination. He notes that there is a small disc herniation at L4-5; but according to the radiologist there is no nerve compression. He notes that there's no evidence of instability or documented spondylolisthesis. Therefore, there is no indication for either anterior or posterior fusion he finds that there's no evidence of progressive neurological deficit warranting surgery

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

The request for arthrodesis anterior interbody technique, including minimal discectomy to prepare interspace other than for decompression lumbar is not

supported as medically necessary and the prior utilization review determination is upheld. The submitted clinical records indicate that the claimant sustained an injury to his low back that ultimately resulted in the performance of a decompression. Post-operatively, the claimant is noted to have continued low back pain with radiation to the lower extremities and has a failed back surgery syndrome. Most recent MRI notes the presence of granulation tissue on the surgical bed and suggests the presence of a disc extrusion at L4-5 which does not compress the passing left L5 nerve root there's a disc bulge which abuts the exiting right L4. The requestor mentions an EMG/NCV study which was not included for review. Radiographs performed of the lumbar spine note that the lumbar vertebral heights and lordosis are normal the disc spaces are normal and there is no evidence of listhesis.

The claimant underwent psychological evaluation. This evaluation suggests that the claimant may potentially have unrealistic expectations. The evaluator notes that the claimant has an either or type attitude and while he believes that the claimant is an appropriate surgical candidate; he emphasizes that he needs to understand that a fusion will not necessarily make him pain free. This strongly suggests that the claimant may not be a candidate for additional surgery from the psychological perspective. There is no evidence of instability or neurocompressive lesions which would warrant the performance of the extensive fusion procedure as requested. Therefore with an equivocal psychological evaluation and the absence of instability the claimant would not be a candidate for a multilevel fusion procedure per the **Official Disability Guidelines**. Of note, when performed multilevel fusions are limited to no more than two levels.

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

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Reference:

The 2012 Official Disability Guidelines, 17th edition, The Work Loss Data Institute. Online edition.

Fusion (spinal)

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

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