



**Notice of Independent Review Decision - WC**

**IRO REVIEWER REPORT – WC**

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**DATE OF REVIEW:** 11/20/12

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

22612 Posterior Lumbar Fusion  
22842 Spinal Instrumentation  
22845 Anterior Instrumentation  
22851 Application of Prosthetic Device  
22851 Application of Prosthetic Device  
63030 Laminotomy w/Decompression Nerve Root  
63035 Lumbar Additional Interspace  
63042 Lumbar Laminectomy/Discectomy  
63044 Laminotomy w/Decompression  
63047 Lumbar Laminectomy  
72100 RADEX SPI Lumbosac 2/3 views  
72100 RADEX SPI Lumbosac 2/3 views  
RC111 Inpatient Surgical Room  
77003 Fluor Guid & Localiz NDL/Cath SPI DX  
77003 Fluor Guid & Localiz NDL/Cath SPI DX  
22325 Optx&RDCTJ VRT FX&/DISCL PST 1 VR  
22325 Optx&RDCTJ VRT FX&/DISCL PST 1 VR  
22533 Lat Lumbar Spine Fusion  
22633 Arthrolysis Post/Posterolateral/Post

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

Board Certified in Orthopaedic Surgery  
Certified in Evaluation of Disability and Impairment Rating -  
American Academy of Disability Evaluating Physicians

**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.

22612 Posterior Lumbar Fusion – UPHELD  
 22842 Spinal Instrumentation – UPHELD  
 22845 Anterior Instrumentation – UPHELD  
 22851 Application of Prosthetic Device – UPHELD  
 22851 Application of Prosthetic Device - UPHELD  
 63030 Laminotomy w/Decompression Nerve Root – UPHELD  
 63035 Lumbar Additional Interspace – UPHELD  
 63042 Lumbar Laminectomy/Discectomy – UPHELD  
 63044 Laminotomy w/Decompression – UPHELD  
 63047 Lumbar Laminectomy – UPHELD  
 72100 RADEX SPI Lumbosac 2/3 views – UPHELD  
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 RC111 Inpatient Surgical Room – UPHELD  
 77003 Fluor Guid & Localiz ND/Cath SPI DX – UPHELD  
 77003 Fluor Guid & Localiz ND/Cath SPI DX – UPHELD  
 22325 Optx&RDCTJ VRT FX&DISCL PST 1 VR – UPHELD  
 22325 Optx&RDCTJ VRT FX&DISCL PST 1 VR – UPHELD  
 22533 Lat Lumbar Spine Fusion – UPHELD  
 22633 Arthrodis Post/Posterolateral/Post – UPHELD

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Initial Medical Report, 12/13/06  
 Right Knee MRI, 12/18/06  
 Left Knee MRI, 12/18/06  
 Progress Note, 12/20/06, 01/15/07, 04/30/07  
 Medical Record Review, 12/31/08  
 EMG/Nerve Conduction Study, 01/08/07  
 Correspondence, 01/17/07  
 Operative Report, 02/01/07  
 Progress Notes, 02/26/07, 05/21/07, 05/30/07, 07/30/07, 09/13/07  
 Correspondence, 04/17/07  
 Report of Medical Evaluation, TWCC 69, 04/30/07  
 Lumbar Spine MRI, 05/10/07  
 Task Report, 06/04/07  
 Lumbar Spine MRI, 06/22/07  
 Operative Report, 08/13/07  
 Designated Doctor Evaluation (DDE), 09/14/07  
 Evaluation, 10/22/07, 11/09/07, 11/28/07, 02/22/10, 03/22/10, 06/23/10, 10/06/10, 01/14/11, 03/16/11, 06/10/11, 07/08/11, 07/25/11, 09/16/11, 10/28/11, 11/14/11, 12/20/11, 01/23/12, 01/24/12, 03/05/12, 04/02/12, 04/16/12, 04/23/12, 05/22/12, 07/17/12, 08/07/12, 09/05/12  
 Operative Report, 12/17/07

Procedure Report, 03/12/09, 06/30/09, 06/10/10  
IRO, 05/10/10  
Pre-Surgical Psychological Evaluation, 08/10/10  
Lumbar Spine MRI, 04/12/11, 04/20/12  
WC Initial Report, 07/25/11  
Adverse Determination Letter, 11/29/11, 04/16/12  
IRO, 02/20/12  
Lumbar Spine X-Ray, 04/02/12  
Lumbar Spine CT, 04/19/12  
EPSH History & Physical, 05/03/12, 06/18/12

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient injured his back on xx/xx/xx when he slipped and fell at work and landed on both knees. He had immediate low back pain, as well as lumbar radiculopathy. His discomfort had been ongoing for years since then, which had been progressively getting worse. He had extensive conservative treatment including lumbar facet blocks, which gave him temporary relief. He also had undergone lumbar epidural steroid injection (ESIs), which had given him prolonged relief; however, the back pain and leg pain always came back. He had undergone a prior hemilaminectomy on the left side and now had a right-sided herniated disc at L5-S1. He continued to complain of tingling sensation and numbness around the perisacral area, including the penis and anus. Bilateral lower extremity pain, greater on the right side than the left, was present. The patient had an unstable L4-L5 and L5-S1 spondylolisthesis. The L5-S1 spondylolisthesis went from 7 to 11 mm on dynamic films. He had severe spinal stenosis at L4-L5 secondary to herniated disc. L5-S1 had a severe spinal canal stenosis secondary to an extruded fragment. The patient had not improved despite conservative treatment, including spinal injections, anti-inflammatory medications, muscle relaxants, pain medications, proper body mechanics, modification of activities, etc. and the patient wished to proceed with the requested open reduction internal fixation with extreme lateral lumbar interbody fusion of L4-L5 using bone graft, bone allograft, cage, and possible lateral plating. He also wished to proceed with a staged lumbar re-decompression and fusion from L4 through S1 using bone graft, bone allograft, posterior instrumentation, cage, and an open reduction internal fixation of L5-S1 spondylolisthesis via a transforaminal lumbar interbody fusion with a cage.

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

There is no objective evidence of sufficient instability to meet the AMA Guidelines. “On page 379, the Guides define loss of motion segment integrity as an “anteroposterior motion of one vertebra over another that is greater than 3.5 mm in the cervical spine, greater than 2.5 mm in the thoracic spine, and greater than 4.5 mm in the lumbar spine.” The studies done on this patient demonstrate only 3 mm motion segment instability. The studies ordered by the requesting surgeon are definitive: “Flexion/extension views show no evidence of abnormal range of motion”. (4/2/2012) The claimant was seen who made no diagnoses on Axis I after brief examination and no formal psychometric testing. The neurologic examination is non-focal: “extremities continue to have hyperesthesias along the posterior and lateral aspect of both thighs and a decreased sensation along the lateral aspect of the right thigh and the left lower legs. The muscular atrophy continues on the right leg. There is a positive bilateral straight leg raise test and a positive bilateral Patrick's. There is an absence of both Achilles reflexes.” Motor and sensory loss are non dermatomal; the “positive” straight leg raising sign does not describe radicular pain. (3/5/2012) The April 20, 2012 MRI demonstrates: L4-L5: disc bulging and osteophytic ridging.

There is deformity of the lamina on the left consistent with laminotomy with encircling and enhancing epidural fibrosis. This is better demonstrated at MRI on contemporaneous CT where it can be seen in retrospect. There is a small annular tear. The neural foramina demonstrate moderate impingement from osteophytic ridging and disc bulging. L5-S1: facet arthrosis and ligamentum flavum hypertrophy with broad disc bulging and moderately severe canal stenosis. There is a central disc extrusion slightly asymmetric to the right impinging on the medial aspect of the right S1 nerve root. This does not enhance following the administration of intravenous gadolinium consistent with extruded disc material. This extruded fragment measures approximately 9 mm and is better demonstrated on MRI than on contemporaneous CT.”

The request is for: “fusion of L4-L5 spondylolisthesis with extreme lateral interbody fusion using a cage. He also wishes to proceed with a staged posterior lumbar re-decompression and fusion from L4 through S1 using bone graft, bone allograft, posterior instrumentation, as well as an open reduction internal fixation of the L5-S I spondylolisthesis with a transforaminal lumbar interbody fusion using a cage.” The claimant does not meet the ODG requirements:

- Lumbar fusion for spondylolisthesis: Recommended as an option for spondylolisthesis. Patients with increased instability of the spine after surgical decompression at the level of degenerative spondylolisthesis are candidates for fusion. The claimant does not meet this criterion
- The claimant does not have adequate instability to meet the criteria for fusion.
- XLIF is not approved by the ODG: XLIF has a unique set of complications, including neural injuries, psoas weakness, and thigh numbness. Additional studies are required to further evaluate and monitor the short and long-term safety, efficacy, outcomes, and complications of XLIF procedures.
- The psychosocial screening was inadequate; while psychological screening is “recommended as an option prior to surgery, or in cases with expectations of delayed recovery. Before referral for surgery, clinicians should consider referral for psychological screening to improve surgical outcomes, possibly including standard tests such as MMPI (Minnesota Multiphasic Personality Inventory) and Waddell signs. However, the screening should be performed by a neutral independent psychologist or psychiatrist unaffiliated with treating physician/spine surgeon to avoid bias.” The basis on which the mental health provider made his decision is unknown, and may not be free of bias.
- The smoking status of the claimant is unknown.

Based upon contemporaneous standards, peer reviewed medical literature and the ODG, the claimant does not meet the criteria for spinal fusion. I certify that I actively perform spine surgery, and I am a member of the appropriate professional societies in good standing. I am aware of the criteria for spinal fusion: this individual does not meet those criteria and I recommend upholding the prior denials for all requested services.

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

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- AMA 5<sup>TH</sup> EDITION**