

# Icon Medical Solutions, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** February 2, 2012

**IRO CASE #:**

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

22558 Arthrodesis-Ant Interbody Tech; 22585 Anterior Lumbar Fusion add'l interspace; 22612 Posterior Lumbar Fusion; 22614 Arthrodesis: posterior/posterolateral: each add'; 22840 Post Instrum: WO Segmt Fixa; 22845 Anterior Instrumentation; 22851 Application of Prosthetic Device; 63012 Removal of spinal lamina.

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

This physician is Board Certified by American Board of Orthopedic Surgeons 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)

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:**

01/08/10: X-rays of the lumbar spine and right wrist interpreted by, MD

01/29/10: MRI of Lumbar Spine without Contrast interpreted by, MD

01/29/10: MRI of Right Wrist without Contrast interpreted by, MD

04/01/10: Initial Visit by MD with Spine Institute

04/02/10: Interim Narrative Report-Pre Auth Request by DC

05/06/10: Office Note by MD with Spine Institute

08/10/10: Pain Management Consultation by DO with Pain Associates, PA

12/13/10: Report of Medical Evaluation by MD  
12/15/10: Operative Report by MD  
04/12/11: Pain Management Followup by DO with Pain Associates, PA  
06/07/11: Pain Management Followup by DO with Pain Associates, PA  
07/21/11: UR performed by, DO regarding Bilateral L3, L4, L5 Lumbar Medial Branch Rhizotomy  
08/11/11: Wound Center Note by, MD with Medical Center  
08/12/11: History and Physical by MD with Spine Solutions, PA  
08/12/11: Operative Report by DO  
09/23/11: History and Physical by MD with Spine Solutions, PA  
10/12/11: Pre-Surgical and Behavioral Medicine Consultation by LBSW-IPR and, LCSW  
10/25/11: Peer Review Report by MD  
12/15/11: UR performed by MD  
12/19/11: Letter of Rebuttal/Causation by MD  
12/19/11: Reconsideration letter by MD  
12/20/11: Letter by MD  
12/28/11: UR performed by MD

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This was injured in xx/xx when she was trying to during an altercation. At that time her right wrist had become hyperextended and she twisted her back. Her treatment has included chiropractic care, passive modalities, physical therapy modalities, facet injections, facet rhizotomy

01/08/10: X-rays of the lumbar spine. Impression: Normal.

01/29/10: MRI of Lumbar Spine without Contrast. Impression: 1. Bilateral spondylolysis (pars defect) of the L5 vertebra with grade II spondylolisthesis of L5 over S1 vertebra causing narrowing of the foramina bilaterally. Pseudoannular bulge of the intervening disc compressing the exiting L5 nerve root bilaterally. 2. Mild diffuse annular bulge with medium sized central protrusion and posterior annular tear of L4-5 disc indenting the thecal sac. Mild ligamentum flavum hypertrophy and facet osteoarthropathy at this level. 3. Mild diffuse annular bulge of L1-2 and L3-4 discs indenting the thecal sac. Mild facet osteoarthropathy at these levels. 4. Desiccation and loss of height of the discs as above.

04/01/10: The claimant was evaluated by, MD. On physical examination she was able to toe and heel walk. She had equal pain with both forward flexion and extension and had slightly decreased range of motion with extension. EHL, DF, PF, Q and H were 4+/5 bilaterally. She had decreased sensation on the lateral aspect of her right foot as well as the lateral aspect of her leg. DTRs were 1+ at the patellar, diminished at the Achilles bilaterally. Negative FABER sign. Negative log roll sign. She did have significant pain to palpation over her lumbar spine. She did not have any significant pain over her SI joints bilaterally. Dr. diagnosed spondylolysis L5-S1, Grade 2 spondylolisthesis, foraminal stenosis,

right wrist ganglion cyst and right wrist sprain. She was started on an active physical therapy program along with anti-inflammatories.

04/02/10: The claimant was evaluated by, DC for active physical therapy. Dr. recommended active therapy 3 times a week for 4 weeks.

05/06/10: The claimant was re-evaluated by, MD who noted she had completed 5 sessions of therapy which only exacerbated her symptoms. No change in PE. Dr. recommended facet injections since she failed physical therapy and anti-inflammatory management.

08/10/10: The claimant had a Pain Management Consultation with , DO who noted she tried approximately 15 sessions of PT, and medications including Meloxicam, Ibuprofen, Naprosyn, and Tramadol. On physical examination her motor strength was 5/5 in the bilateral L3 through S1 myotomes. Sensation to light touch was intact in the bilateral L3 through S1 dermatomes. DTRs were 1+ and symmetric in the bilateral patella and Achilles reflexes. There was bilateral paraspinal muscle tenderness to palpation extending from the L4 to S1 area. There was pain with facet loading of the lumbar spine, right greater than left. There was a negative FABER's, negative straight leg raise, negative trochanteric tenderness to palpation and there was no reproduction of hip pain with internal or external rotation. Impression: L5-S1 Grade II spondylolisthesis and spondylolysis/pars defect, lumbar facet pain syndrome, lumbar HNP and right wrist sprain. Dr. stated that the claimant's low back symptoms were most likely related to her lumbar facet pain and her L5-S1 spondylolisthesis. Dr. recommended bilateral L3, L4, and L5 diagnostic medial branch blocks and depending on her response, she would consider following up with rhizotomy. She was also given a prescription of Meloxicam 15 mg.

12/13/10: Report of Medical Evaluation by, MD, a carrier-selected RME doctor. Dr. opined the claimant had obtained clinical MMI as of 12/13/10 with a 0% whole person impairment. On physical examination of the lower back flexion was 0 to 20 and 0 to 60, extension of -10/-40, and side bending of 10/50 right and 10/50 left. There were normal knee and ankle reflexes. No evidence of foot numbness. Normal dorsalis pedis and posterior tibial pulses.

12/15/10: Operative Report by MD. Postoperative Diagnosis: Lumbar facet syndrome. Procedure performed: Fluoroscopically guided left L3, L4, and L5 medial branch rhizotomy and branch blocks.

04/12/11: The claimant was re-evaluated by DO who reported that she presented with low back pain across the L4 to S1 area, left greater than right. Her pain was re-aggravated approximately 2 weeks ago with no specific traumatic event, and she had been doing quite well before that. It was noted she had a left lumbar rhizotomy on 12/15/10 and a right lumbar rhizotomy on 11/17/10, which gave her significant relief for almost 6 months. On physical examination motor strength was 5/5 in the bilateral L3 through S1 myotomes. Sensation to light touch was

intact in the bilateral L3 to S1 dermatomes. DTRs were 1+ and symmetric in the bilateral patella and Achilles reflexes. There was bilateral paraspinal muscle tenderness to palpation extending from the L4 to S1 area. There was pain with facet loading of the lumbar spine, right greater than left. There was negative FABER's, negative straight leg raise, negative trochanteric tenderness to palpation and there was no reproduction of hip pain with internal or external rotation. Dr. recommended repeat bilateral L3, L4, and L5 needle branch rhizotomy. She was also given a prescription for Hydrocodone.

08/12/11: The claimant was evaluated by MD for low back pain rated an 8/10 that was associated with right leg/foot numbness/tingling. On physical examination there was midline tenderness in the lower lumbar, right sacroiliac tenderness, right GT tenderness to palpation and decreased and painful ROM. Motor strength was 5/5, except Extensor Hallicus was 4/5 on the right. Bilateral sensation was normal. Reflexes were 2+ and symmetric. There was positive straight leg raise on the right and positive FABER on the right. Dr. diagnosed grade III lytic spondylolisthesis L5-S1 w/ R L5 radiculopathy (weakness), right GT bursitis, and right SI joint pain. Plan was to undergo the rhizotomy that she was scheduled for.

08/12/11: Operative Report by , DO. Postoperative diagnosis: Lumbar spondylosis without myelopathy. Procedure performed: Fluoroscopically guided bilateral L3, L4, and L5 medial branch rhizotomy.

09/23/11: The claimant was re-evaluated by, MD who reported she had a lot of pain (rated an 8). On physical examination motor strength for the bilateral Extensor Hallicus and Gastrosoleus was 4/5. Sensation was decreased bilaterally in the L5, S1 dermatomes. She had positive bilateral SLR. Reflexes were Quadriceps 2+ and Achilles 1+ bilaterally. Dr. stated that she continued to have pain following the repeat rhizotomy and was an operative candidate for an L4-S1 ant/post fusion with L5-S1 Gill Decompression. Including L4-5 in the fusion was necessary due to: 1. The severe slip at L5-S1 prevent instrumentation at L5, 2. Annular tear and HNP at L4-5. He also recommended a right SI injection and psychological pre-surgical screen.

10/12/11: Pre-Surgical and Behavioral Medicine Consultation by LBSW-IPR and LCSW. Multiaxial Diagnosis: Axis I: Pain disorder associated with both psychological factors and a general medical condition. Major depressive disorder, single episode, moderate. Panic disorder. Axis II: no diagnosis. Axis III: Injury to right wrist and lumbar. Axis IV: Primary support group, Economic problems and Occupational problems. Axis V: GAF=51 (current). Recommendations: She has no overt psychopathology precluding her from surgery. She demonstrates understanding of risks associated with surgery and expresses concern that unexpected complications will arise. She relates being unsure if she will undergo surgery, in which she relates having only met with the surgeon on two separate occasions. She relates being fearful of undergoing lumbar surgery and is concerned about the risks of a failed back surgery. She indicated she would meet

with the surgeon on a future date and gather information on surgery so that she can research and make an informed decision.

12/15/11: UR performed by MD. Rationale for Denial: This is a very complex patient who has had multiple evaluations performed. Dr. proposed facet treatments; Dr. stated she had no spine impairment in December 2010 for the work injury. The neurological exams have been variable. She does have a spondylolisthesis of L5 on S1 (grade 2). There was no formal EMG/NCV reported nor was there of flexion/extension views. This patient may come to need this 2 level fusion but a RME with a spine surgeon would be prevalent first. The lumbar MRI did not show significant facet arthropathy or neuroforamen stenosis.

12/28/11: UR performed by MD. Rationale for Denial: Review of the records reveals discrepancies in the physical exam. There are several physical exams from other physicians revealing normal strength and reflexes in the lower extremities which is different from the findings of Dr.. On designated doctor found an evidence of radiculopathy in the lower extremities. The claimant had no initial radicular complaints in the lower extremities. This is reconsideration for a L4-S1 anterior/posterior spinal fusion. The claimant is noted to have some decreased strength in the lower extremities; however, there is no documentation of significant loss of reflexes or loss of sensation in a specific dermatomal pattern to support the treating provider's request. Additionally it is unclear whether or not lower levels of care have been exhausted. The claimant has undergone facet joint injections and a radiofrequency ablation procedure but it does not appear that an epidural steroid injection has been attempted or if they have there is no documentation provided in the records to be reviewed. It is also important to note that there are some discrepancies in the reporting that certain studies document a grade II spondylolisthesis where the treating provider states it is a grade III spondylolisthesis. On a final there are no flexion extension x-rays of the spine to document significant segmental instability with dynamic motion of the spine. Treatment guidelines would not support proceeding with a 2 level fusion in this claimant unless there is significant segmental instability demonstrated on flexion and extension views. Due to lack of objective findings of segmental instability at the L4-5 and the L5-S1 level and minimal objective findings on physical examination findings the request cannot be certified at this time.

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

The previous decisions of denial are upheld. The physical examinations are inconsistent with any significant neurological findings, muscle weakness or numbness. The initial x-rays of the lumbar spine were read as normal. This is usually the best way to diagnose spondylosis or spondylolisthesis. The MRI showed spondylosis and multiple degenerative disc problems. The claimant's physical examinations did not consistently bare out a significant L5 or S1 nerve root radiculopathy. Also, there are no flexion/extension x-rays to confirm any significant instability. Therefore, it is my opinion that the request for 22558 Arthrodesis-Ant Interbody Tech; 22585 Anterior Lumbar Fusion add'l interspace; 22612 Posterior Lumbar Fusion; 22614 Arthrodesis: posterior/posterolateral: each add'; 22840 Post Instrum: WO Segmt Fixa; 22845 Anterior Instrumentation; 22851 Application of Prosthetic Device; 63012 Removal of spinal lamina, does not meet ODG criteria and is denied.

**ODG:**

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| Fusion (spinal) | <p>Not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction, but recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria outlined in the section below entitled, "<a href="#">Patient Selection Criteria for Lumbar Spinal Fusion</a>," after 6 months of conservative care. For workers' comp populations, see also the heading, "<a href="#">Lumbar fusion in workers' comp patients</a>." After screening for psychosocial variables, outcomes are improved and fusion may be recommended for degenerative disc disease with spinal segment collapse with or without neurologic compromise after 6 months of compliance with recommended <a href="#">conservative therapy</a>. [For spinal instability criteria, see AMA Guides (<a href="#">Andersson, 2000</a>)]</p> <p><b>Patient Selection Criteria for Lumbar Spinal Fusion:</b><br/>         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. (<a href="#">Andersson, 2000</a>) (<a href="#">Luers, 2007</a>) (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. (<a href="#">Andersson, 2000</a>) (4) Revision Surgery for failed previous</p> |
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|  | <p>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 <a href="#">ODG Indications for Surgery -- Discectomy.</a>)</p> <p><b>Pre-Operative Surgical Indications Recommended:</b> Pre-operative clinical surgical indications for spinal fusion should include all of the following: (1) All pain generators are identified and treated; &amp; (2) All physical medicine and manual therapy interventions are completed; &amp; (3) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or discography (see <a href="#">discography criteria</a>) &amp; MRI demonstrating disc pathology correlated with symptoms and exam findings; &amp; (4) Spine pathology limited to two levels; &amp; (5) <a href="#">Psychosocial screen</a> 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. (<a href="#">Colorado, 2001</a>) (<a href="#">BlueCross BlueShield, 2002</a>)</p> <p>For average hospital LOS after criteria are met, see <a href="#">Hospital length of stay</a> (LOS).</p> |
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**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)**