

# IMED, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 05/30/12

**IRO CASE #:**

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

TLIF (transforaminal lumbar interbody fusion) with 3 days LOS and catheter for long-term medication administration and electrical stimulation

### **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:

- 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:**

1. 08/14/00 – Operative Report

2. 01/09/02 – Clinical Note – MD
3. 03/13/02 – Clinical Note – MD
4. 04/10/02 – Clinical Note – MD
5. 05/06/02 – Operative Report
6. 11/13/02 – Clinical Note – MD
7. 02/04/09 – Computerized Muscle Testing
8. 03/03/09 – Post-Myelogram CT Lumbar Spine
9. 07/15/09 – Operative Report
10. 07/20/09 – Clinical Note – MD
11. 09/16/09 – Clinical Note – MD
12. 09/17/09 – Clinical Note – MD
13. 09/23/09 – Operative Report
14. 09/28/09 – Clinical Note – MD
15. 10/05/09 – Clinical Note – MD
16. 11/19/09 – Clinical Note – MD
17. 01/26/10 – Clinical Note – MD
18. 01/26/10 – Computerized Muscle Testing
19. 03/30/10 – Clinical Note – MD
20. 03/30/10 – Computerized Muscle Testing
21. 05/25/10 – Clinical Note – MD
22. 05/25/10 – Computerized Muscle Testing
23. 06/29/10 – Clinical Note – MD
24. 06/29/10 – Computerized Muscle Testing
25. 08/27/10 – Clinical Note – MD
26. 08/27/10 – Computerized Muscle Testing
27. 10/26/10 – Clinical Note – MD
28. 12/06/10 – Clinical Note – MD
29. 12/06/10 – Manual Muscle Testing
30. 01/28/11 – Clinical Note – MD
31. 01/28/11 – Manual Muscle Testing
32. 03/10/11 – Clinical Note – MD
33. 03/31/11 – Electrodiagnostic Testing
34. 04/21/11 – Clinical Note – MD
35. 04/21/11 – Manual Muscle Testing
36. 06/01/11 – Notice of Independent Review Decision
37. 06/24/11 – Clinical Note – MD
38. 09/02/11 – Correspondence – Law Office of
39. 10/18/11 – Clinical Note – MD
40. 11/29/11 – Clinical Note – MD
41. 01/25/12 – Clinical Note – MD
42. 02/22/12 – Behavioral Assessment

- 43.03/12/12 – Clinical Note –MD
- 44.04/10/12 – Lumbar Myelogram
- 45.04/10/12 – Post-Myelogram CT Lumbar Spine
- 46.04/23/12 – Clinical Note –MD
- 47.05/01/12 – Utilization Review Determination
- 48.05/07/12 – Utilization Review Determination

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

The claimant is a female who sustained an injury on xx/xx/xx while transferring a patient to the shower. The claimant underwent bilateral L5-S1 hemilaminectomy, discectomy, foraminotomy, and nerve root compression, L5-S1 posterior lumbar interbody instrumentation and arthrodesis, and right L4-5 lumbar laminotomy for insertion of epidural catheter on 08/14/00. The claimant underwent exploration of L5-S1 lumbar spinal fusion mass, revision of bilateral L5-S1 lumbar hemilaminectomy, foraminotomy, and nerve root decompression, primary bilateral laminotomies with nerve root decompression, posterior lumbar interbody instrumentation at L5-S1 with posterolateral arthrodesis and excision of pseudoarthrosis on 05/06/02. Post-myelogram CT of the lumbar spine performed 03/03/09 revealed subtle bilateral lateral recess narrowing at L4-5. There was no canal stenosis of the lumbar spine. There was mild encroachment of the neural foramina bilaterally from L2-3 through L5-S1. There was no evidence of hardware fracture or loosening. The L5-S1 anterior fusion and bilateral posterior fusion appeared solid. The claimant underwent bilateral S1 and L5 hardware block on 07/15/09. The claimant underwent removal of posterior segmental instrumentation at L5-S1 with exploration of posterolateral fusion masses and laminectomy with repair of spinal leak on 09/23/09. The claimant saw Dr. on 01/28/11 with complaints of low back pain rating 5 out of 10 with radiation down the lower extremities. Straight leg raise was reported to be positive on the right. There was paresthesias in the right L5 distribution. The claimant was unable to heel or toe walk. The claimant was recommended for lumbar epidural steroid injection.

Electrodiagnostic testing performed 03/31/11 revealed findings consistent with bilateral chronic L5 radiculopathy. The claimant saw Dr. on 04/21/11 with complaints of low back pain. Physical exam revealed diminished sensation along the bilateral L5 distribution. Straight leg raise was reported to be positive bilaterally at 60 degrees. The claimant was assessed with progressive and symptomatic instability at L4-5. The claimant was referred for pre-operative psychosocial screening. The claimant saw Dr. on 10/18/11 with complaints of low back pain rating 8 out of 10 with radiation to the lower extremities and associated headaches. Physical exam revealed tenderness to palpation of the mid to lower lumbar region. Lumbar range of motion was decreased. Straight leg raise was reported to be positive bilaterally. There was decreased sensation along the bilateral L5 distribution. The claimant was assessed with progressive and symptomatic instability at L4-5. The claimant was referred for psychosocial screening. The claimant was pre-surgical behavioral assessment on 02/22/12.

The claimant complained of low back pain rating 6 out of 10 despite physical therapy, pain injections, surgery, medication, and TENS unit. The claimant denied suicidal or homicidal ideation. The claimant denied hypomanic episodes, paranoia, delusions, or hallucination. Mental status exam revealed a relaxed mood and appropriate affect. There was a logical and goal-directive thought process. The claimant demonstrated poor insight and judgment. The claimant's BDI score was 3, which was within normal limits. The claimant's BAI score was 5, indicating low anxiety. The claimant was cleared for surgery from a psychological perspective.

The claimant saw Dr. on 03/12/12 with complaints of low back pain rating 6 out of 10 with radiation to the lower extremities and associated numbness and tingling. Physical exam revealed tenderness to palpation of the lumbar spine. Lumbar range of motion was decreased. Straight leg raise produced back and leg pain bilaterally. There was diminished sensation along the L5 distribution bilaterally. There was weakness of the bilateral lower extremities. The claimant had difficulty with heel and toe walking. The claimant was assessed with progressive and symptomatic instability at L4-5. The claimant was recommended for CT myelogram. Lumbar myelogram performed 04/10/12 revealed anterior thecal indentation at L3-4 and L4-5. At L4-5, there was facet arthropathy with capsular hypertrophy, more prominent on the left with impingement of the thecal margin and displacement of the L5 root. At L5-S1, there was solid appearing anterior and posterior fusion. Post-myelogram CT of the lumbar spine performed 04/10/12 revealed mild posterior narrowing at L4-5. There was a 1-2mm diffuse annular bulge. There were marginal endplate osteophytes noted. There was moderate bilateral facet arthropathy with capsular hypertrophy and ligamentous thickening that impinged on the left thecal margin and slightly displaced the L5 root. At L5-S1, there were interbody fusion cages. The disc interspace height was maintained. The S1 and S2 roots appeared unremarkable. There was solid-appearing intertransverse healing on sagittal and coronal reconstruction.

The claimant saw Dr. on 04/23/12 with complaints of low back pain rating 6 to 7 out of 10 with radiation to the bilateral lower extremities, right greater than left. Physical exam revealed severe tenderness to palpation of the lumbar spine. Lumbar range of motion was decreased in all directions. Straight leg raise produced back and leg pain bilaterally, right greater than left. There was weakness of the bilateral knee flexors, knee extensors, and extensor hallucis longus. The claimant had difficulty with heel and toe walking. The note states radiographs of the lumbar spine performed 03/10/11 revealed 6.5mm of anterior translation with flexion and 1.5mm of translation with extension at L4-5. There was no motion at L5-S1. This report was not provided for review. The claimant was assessed with progressive and symptomatic instability. The claimant was recommended for L4-5 transforaminal lumbar interbody fusion. The request for TLIF transforaminal lumbar interbody fusion with 3 days LOS and catheter for long-term medication administration and electrical stimulation was denied by utilization review on 5/01/12 as the clinical documentation did not establish the medical necessity for a catheter placement for long-term medication

administration or the need for electrical bone growth stimulation. The request for TLIF transforaminal lumbar interbody fusion with 3 days LOS and catheter for long-term medication administration and electrical stimulation was denied by utilization review on 05/07/12 as there was no objective evidence of instability. There was minimal left-sided nerve compression at L5 only.

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

Based on the clinical documentation provided for review, there is insufficient objective evidence provided for review to support the medical need for the requested L4-5 transforaminal lumbar interbody fusion, spinal catheter, or electrical stimulation. The imaging studies provided for review does reveal facet arthropathy at L4-5; however, the CT study does not identify any significant disc space collapse at L4-5. The 04/23/12 clinical notes states that radiographs demonstrate an 8mm total translation with flexion/extension views; however, no independent radiograph report was provided for review demonstrating similar findings. Without further objective evidence to establish significant adjacent segment instability or degenerative disease at L4-5, medical necessity is not established.

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

**PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

**REFERENCES:**

1. [CMS](#) (Centers for Medicare and Medicaid Services) Medicare Coverage Advisory Committee. Technology Assessment. Spinal Fusion for the Treatment of Low Back Pain Secondary to Lumbar Degenerative Disc Disease. November 14, 2006.
2. [Deyo RA, Nachemson A, Mirza SK](#), Spinal-fusion surgery - the case for restraint, *N Engl J Med*. 2004 Feb 12;350(7):722-6
3. [Deyo RA, Gray DT, Kreuter W, Mirza S, Martin BI](#). United States trends in lumbar fusion surgery for degenerative conditions. *Spine*. 2005 Jun 15;30(12):1441-5; discussion 1446-7.
4. [Deyo RA, Mirza SK, Heagerty PJ, Turner JA, Martin BI](#). A prospective cohort study of surgical treatment for back pain with degenerated discs; study protocol. *BMC Musculoskelet Disord*. 2005 May 24;6(1):24.

5. Hansson T, Hansson E, Malchau H. Utility of spine surgery: a comparison of common elective orthopaedic surgical procedures. *Spine*. 2008 Dec 1;33(25):2819-30.
6. Resnick DK, Choudhri TF, Dailey AT, Groff MW, Khoo L, Matz PG, Mummaneni P, Watters WC 3rd, Wang J, Walters BC, Hadley MN; American Association of Neurological Surgeons/Congress of Neurological Surgeons. Guidelines for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 7: intractable low-back pain without stenosis or spondylolisthesis. *J Neurosurg Spine*. 2005 Jun;2(6):670-2.
7. Hallett A, Huntley JS, Gibson JN. Foraminal stenosis and single-level degenerative disc disease: a randomized controlled trial comparing decompression with decompression and instrumented fusion. *Spine*. 2007 Jun 1;32(13):1375-80.