



**MEDICAL EVALUATORS
OF TEXAS** ASO, L.L.C.

1225 North Loop West • Suite 1055 • Houston, TX 77008
800-845-8982 FAX: 713-583-5943

Notice of Independent Review Decision

DATE OF REVIEW: May 1, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

***L0464, 99222, 63042, 22612, 22614, 22630, 22842, 22851, 20937, 20975, 11981, 37202
(Lumbar laminectomy with fusion and instrumentation at L4-5 with a 1 day LOS and
purchase of a TLSO back brace)***

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

This case was reviewed by a board certified neurological surgeon who is licensed and practicing in Texas.

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

| Type of Document Received | Date(s) of Record |
|-------------------------------------|--------------------------|
| | |
| | |
| An operative report by MD | 06/28/2010 |
| An office note by MD | 10/06/2010 |
| X-ray of lumbosacral spine | 10/06/2010 |
| A medical history report from Spine | 02/28/2011 |
| An office note by M.D. | 02/28/2011 |



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|---|------------|
| A PT note from Hosptial | 03/03/2011 |
| A follow up note by M.D. | 03/22/2011 |
| MRI of the lumbar spine | 04/18/2011 |
| A follow up note by Dr. | 05/26/2011 |
| A letter from to Dr. Orthopedic Associates | 05/27/2011 |
| A history and physical report by Dr. | 05/31/2011 |
| A history and physical report by Dr. | 06/02/2011 |
| A history and physical report by Dr. | 06/06/2011 |
| A history and physical report by Dr. | 06/15/2011 |
| A history and physical report by Dr. | 06/30/2011 |
| A history and physical report by Dr. | 07/21/2011 |
| A history and physical report by Dr. | 08/11/2011 |
| A history and physical report by Dr. | 09/01/2011 |
| A history and physical report by Dr. | 09/26/2011 |
| A notice of disputed issue and refusal to pay benefits | 10/18/2011 |
| A history and physical report by Dr. | 10/26/2011 |
| A designated doctor evaluation by M.D. | 11/21/2011 |
| A history and physical report by Dr. | 11/28/2011 |
| X-ray of the lumbar spine | 01/12/2012 |
| A letter from MD | 01/12/2012 |
| A lumbar myelogram | 02/03/2012 |
| CT post myelogram of lumbar spine | 02/03/2012 |
| A letter from MD | 02/09/2012 |
| A psychological evaluation by PhD | 03/16/2012 |
| A pre-authorization request by MD, FACS | 03/27/2012 |
| A notice of denial | 03/30/2012 |
| A pre-authorization request by MD, FACS | 04/04/2012 |
| A notice of denial | 04/11/2012 |
| Request for review by IRO for the denied service(s) of L0464, 99222, 63042, 22612, 22614, 22630, 22842, 22851, 20937, 20975, 11981, 37202 (Lumbar laminectomy with fusion and instrumentation at L4-5 with a 1 day LOS and purchase of a TLSO back brace) | 04/20/2012 |

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a male who sustained injury to his lower back and left shoulder while he was driving a mowing grader near a railroad track when the train hit the front end of the grader.



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He was taken to the ER in and had x-rays done. He was then seen by Dr.. He was also treated with medications and physical therapy which did not help. He then had MRI of the lumbar spine done in April 2011 and was referred to Dr. who referred for an ESI. He had the ESI done without much relief in his pain symptoms. He then had x-ray and CT myelogram done and was referred to Dr. who recommended posterior L4-5 decompression, fusion and instrumentation, which was denied by the insurance.

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

This patient has no demonstrable excessive lumbar dynamic instability (no flex/ext lumbar views). He has lumbar degenerative changes and has had prior lumbar surgery both likely accounting for his symptoms. He also has not had the full gamut of conservative care with PT for less than one month.

Also, surgical codes proposed for the one-level lumbar fusion L4-L5 are erroneous and some are duplicative and bundled.

ODG INDICATIONS FOR 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



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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 correlated with symptoms and exam findings; & (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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**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)