

CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: September 1, 2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lateral Fusion at L3-4 and L4-5 with Cougar Post Spinal Fusion with Segmental Fixation L3-L5 22558 22585 22851x2 20930 22612 22614 22842 with 3 day inpatient hospital stay

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

This physician is a Board Certified Orthopedic Surgeon with over 13 years of experience.

REVIEW OUTCOME:

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

Overturned (Disagree)

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:

10/05/11: Physical Therapy Evaluation
10/07/11: Physical Therapy Note
10/12/11: Physical Therapy Note
10/14/11: Physical Therapy Note
10/17/11: Physical Therapy Note
10/21/11: Physical Therapy Note
10/24/11: Physical Therapy Note
10/26/11: Physical Therapy Note
11/01/11: Physical Therapy Note

11/04/11: Physical Therapy Note
11/08/11: Physical Therapy Note
11/10/11: Physical Therapy Note
11/29/11: Follow-up Evaluation
12/08/11: MRI Lumbar Spine w/o
01/27/12: Evaluation
02/15/12: Operative Report
03/19/12: Follow-up
05/17/12: Follow-up
05/29/12: XR Diskography Lumbar
05/29/12: CT Spine Lumbar w/ Contrast
05/29/12: Routine Chemistry Report
05/29/12: Routine Hematology Report
06/17/12: Follow-up
07/06/12: UR
07/19/12: Follow-up
07/25/12: Response Letter by MD
08/08/12: UR
08/31/12: Medical Note

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who injured in his back. He was initially treated with 12 sessions of physical therapy.

The claimant was re-evaluated and felt his pattern of symptoms was unchanged. He complained of pain in his back with activity with not much improvement following physical therapy. His pain level was rated 7/10 and located on the lumbosacral region. The pain was reported to radiate to the lower extremities and recently he felt numbness over the lower extremities and both toes. The claimant had not been working because no light duty was available. On physical examination there was tenderness of the paraspinal muscles. Reflexes were symmetric. Negative bilateral leg raise. Full ROM with some discomfort in both right and left sides of the low back in the center of the low back with flexion. Normal gait. Sensory was intact to light touch distally. Motor was 5/5. Diagnosis: Lumbar strain and Lumbar radiculopathy. Recommendations: Continue current medications and home physical therapy. He was referred for MRI of the lumbar/sacral area.

MRI Lumbar Spine w/o Contrast, Impression: 1. Focal moderate discogenic disease at L4-5 with associated inflammatory and plate changes as detailed below, showing bilateral moderate neural foraminal narrowing and mild canal stenosis. 2. Possible small annular tear within the central portion of the L5-S1 disc, however not completely definitive on this study given slight limitations of patient motion artifact and poor signal to noise ratio. 3. Possible partial sacralization of the left aspect of L5. No coronal imaging was available given the

protocol of the study. Plain film correlation should be obtained help completely characterized.

On January 27, 2012, the claimant was evaluated for complaints of low back pain and right lower extremity radiculopathy. It was reported he has maintained not only back pain, but radiculopathy with pain radiating from his right buttock and on the posterior aspect of his leg and into the ball of his foot. He also reported frequent tingling into his toes. The claimant reported he could only walk for about 30 minutes at a time and his pain was significantly exacerbated with prolonged sitting. On physical examination it was noted the claimant had a BMI of 41.1. There was bilateral PSIS tenderness. No SI joint or sciatic notch tenderness. Negative straight leg raise. No significant atrophy changes. Strength was 5/5 except for his right dorsiflexor and EHL, which were about 4 to 4+/5 with give way to low back pain. Deep tendon reflexes 2/4 bilaterally and symmetrical. Grossly intact to light touch sensation to both upper and lower extremities. Gait was steady and mildly antalgic. Diagnosis: Lumbalgia, Thoracic or lumbosacral neuritis or radiculitis, Neck sprain, and Degeneration of lumbar or lumbosacral intervertebral disc. Recommendations: Continued conservative treatment to include bilateral transforaminal L5-S1 injections.

Operative Report. Postoperative Diagnosis: Severe low back pain secondary to degenerative disk disease and lumbar disk displacement at L5-S1. Procedure Performed: Lumbar epidural steroid injection at L5-S1.

On March 19, 2012, the claimant was re-evaluated by MD reported he underwent a set of epidural injection which did give him some relief of discomfort. Dr. recommended he undergo a second set of injections.

On May 17, 2012, the claimant was re-evaluated by MD who reported he continued to have severe pain and discomfort in his back. It was recommended he proceed with discographic evaluation of the lumbar spine.

On May 29, 2012, XR Diskography Lumbar, Impression: 1. Four level discogram performed with fluoroscopic guidance. 2. Reproducible pain with injection and L3/L4 and L4/L5.

On May 29, 2012, CT Spine Lumbar w/ Contrast, Impression: 1. Right medial lateral disc herniation at L3/4. 2. Marked disc degeneration with posterior osteophytes at L4/5. 3. Disc degeneration without disc herniation at L5/S1.

On June 7, 2012, the claimant was re-evaluated by MD who noted the claimant had tried a course of conservative including physical therapy, which he failed, and has been trying to control his pain with Hydrocodone and ibuprofen. Dr. opined that the claimant in all likelihood would not show any improvement in his condition without further surgical intervention including lateral fusion at L3-4 and L4-5. He noted it may need to be supplemented with posterior instrumentation using percutaneous instrumentation.

On July 6, 2012, DO performed a UR. Rationale for Denial: He has had no significant improvement with ibuprofen, physical therapy and epidural injections. X-rays demonstrated significant intervertebral disc narrowing at L4-5 resulting in axial instability. MRI also showed near complete disc height loss at L4-5 with moderate bilateral neural foraminal narrowing more pronounced on the right. Discogram reportedly indicated discogenic pain at the L3 and L4 levels. Review of the 1/27/12 report revealed that the patient had some weakness of the right dorsiflexors and extensor hallucis longus. However, an updated physical examination documenting persistent motor weakness or other neurologic deficits in the lower extremities that would warrant surgical intervention was not noted. There was also no documentation of a psychological evaluation excluding confounding issues and clearing the patient for the requested operation. Based on these grounds, the medical necessity of this request has not been substantiated.

On July 25, 2012, MD wrote a letter in response to the adverse determination. Dr. stated that the claimant was now post injury and continued to have severe pain and discomfort in his back and lower extremities in spite of conservative care. Dr. stated he believed the claimant to be psychologically stable, however as per recommendation, would have a psychological evaluation performed. He believed the claimant is an excellent candidate for the surgical procedure as the claimant is highly motivated to return to work. It was also noted the claimant had been participating in a home physical therapy program and had steadily been losing weight.

On August 8, 2012, MD performed a UR. Rationale for Denial: The documentation submitted for review elaborates the patient complaining of ongoing low back pain with radiation of pain to the lower extremities. The Official Disability Guidelines recommend a lumbar fusion provided the patient meets specific criteria to include a psychosocial screen addressing any confounding issues as well as potential outcomes pending surgery. Given the lack of information regarding the patient's completion of a psychosocial screening, the request does not meet guideline recommendations.

On August 31, 2012, PhD sent a note to MD, stating on 8/30/12 he evaluated the claimant and conducted ODG accepted psychological testing. Dr. reported that the claimant was cooperative, motivated for functional restoration and well-informed. There were no signs of any secondary gain seeking behavior or any alcohol/substance abuse or mental health history. Dr. indicated that the complete report would not be ready until 9/4/12, however, that the claimant was psychologically cleared for the proposed surgery without reservation.

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

In light of the new information just presented by PhD, the previous adverse determinations are overturned. I agreed with the prior decisions to deny the lumbar fusion as the claimant had not completed psychosocial screening. However, according to records just received, the claimant did undergo psychological screening with PhD, who reported the claimant was psychological cleared for the proposed surgery. I agree with Dr. that this claimant will not show any further improvement without surgical intervention. He has completed a full course of conservative treatment including physical therapy and an epidural injection. The pain generator has been identified at L3/4 and L4/5 by discography and MRI. Spinal fusion at these levels is appropriate for the treatment of back pain. He has also completed a psychological evaluation, meeting all of ODG requirements. Therefore, the request for Lateral Fusion at L3-4 and L4-5 with Cougar Post Spinal Fusion with Segmental Fixation L3-L5 22558 22585 22851x2 20930 22612 22614 22842 is found to be medically necessary and meets ODG guidelines. The request for 3 day inpatient hospital stay also meets ODG guidelines and therefore is also approved.

Per ODG:

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 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).

ODG hospital length of stay (LOS) guidelines:

Discectomy (*icd 80.51 - Excision of intervertebral disc*)

Actual data -- median 1 day; mean 2.1 days (± 0.0); discharges 109,057; charges (mean) \$26,219

Best practice target (no complications) -- 1 day

Laminectomy (*icd 03.09 - Laminectomy/laminotomy for decompression of spinal nerve root*)

Actual data -- median 2 days; mean 3.5 days (± 0.1); discharges 100,600; charges (mean) \$34,978

Best practice target (no complications) -- 1 day

Lumbar Fusion, posterior (*icd 81.08 - Lumbar and lumbosacral fusion, posterior technique*)

Actual data -- median 3 days; mean 3.9 days (± 0.1); discharges 161,761; charges (mean) \$86,900

Best practice target (no complications) -- 3 days

Lumbar Fusion, anterior (*icd 81.06 - Lumbar and lumbosacral fusion, anterior technique*)

Actual data -- median 3 days; mean 4.2 days (± 0.2); discharges 33,521; charges (mean) \$110,156

Best practice target (no complications) -- 3 days

Lumbar Fusion, lateral (*icd 81.07 - Lumbar fusion, lateral transverse process technique*)

Actual data -- median 3 days; mean 3.8 days (± 0.2); discharges 15,125; charges (mean) \$89,088

Best practice target (no complications) -- 3 days

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)