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Notice of Independent Review Decision

Date notice sent to all parties: 8/14/12 and 9/1/12

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Posterior Spinal Fusion at L5-S1 with transforaminal lumbar interbody fusion and lumbar brace.

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

Texas Licensed Orthopedic Surgeon

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 medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records Review includes:

1. 6/20/12 denial of lumbar brace
2. 7/16/12 denial of brace and posterior fusion
3. Reconsideration fax undated
4. DDE report of 6/27/12
5. 6/1/12 office note
6. Office notes of 10/19/11 through 1/24/11
7. Lumbar MRI 8/20/10 and 2/22/10.
8. 1/11/11 operative report.
9. Physical Therapy notes, 9/14/11 through 12/12/11
10. Pain management notes from 4/23/10 through

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records contain notes and evaluation. There are notes that XXX listed date of injury XX/XX/XX with diagnosis of recurrent herniated disc L5-L6. The medical records contain evaluation June 1, 2012. XXX note that XXX had previously undergone a left-sided microdiscectomy at L5-S1 in January 2011. She reportedly did well postoperatively and had undergone a lumbar MRI. On June 1, 2012, lumbar MRI was reviewed which showed Modic end plate changes seen in L5-S1. There was significant facet arthropathy seen across bilateral foraminal stenosis as well as a large left recurrent disc herniation. Ms. Maeder was diagnosed with recurrent disc herniation spondylosis Modic end plate changes with severe back and leg pain. Given history of chronic low back pain, she is felt to be a candidate for surgery based on failure to respond to nonoperative modalities including multiple injections for pain management. Consequently, a posterior spinal fusion at L5-S1 with transforaminal lumbar interbody fusion and revision decompression had been recommended. Medical records also contain prior operative report January 11, 2011. At that time, she was noted to have herniated disc at L5-S1 with extruded fragment. She was complaining of left lower extremity radiculopathy; L5-S1 spondylosis was also noted. The microdiscectomy procedure was performed with no complications. At the time, she was described as a woman with herniated disc at L5-S1 left-sided with a central component and extruded fragment and that it was inferior to the disc space. She is having continued pain despite conservative modalities. Consequently, an L5-S1 minimally invasive microdiscectomy procedure was performed without complication.

Medical records contain prior notes dated August 20, 2010. She is noted to have history of low back pain and right leg pain s/p MVA with increasing symptoms since July 2010. She underwent an MRI with findings of moderate disc dehydration at L5-S1. There is mass effect on the left S1 nerve root, but not the right. Notes on June 1, 2011 indicated low back pain complaints with no radicular findings. She underwent imaging studies, but these reports are not available for review. There was a subsequent lumbar MRI study, which was reviewed and showed prior surgical changes at L5-S1 with minimal disc bulge and no indication of significant central or neural foraminal stenosis. The notes at that time reflect that she was recommended to have Medrol Dosepak with core stabilization exercises and formal therapy. She was subsequently seen in followup on October 19, 2011 and was diagnosed with headaches and cervicgia. There is no comment specifically about low back pain complaints at that time. Subsequent notes from June 1, 2012 were also reviewed. These findings also fail to document any positive objective findings on exam, but indicated that XXX had recurrent disc herniation.

As noted, a L5-S1 posterior spinal fusion revision decompression was requested. ODG guidelines were reviewed and felt not to be consistent with the request for lumbar spinal fusion. As noted, there was a new request as part of appeal/reconsideration for lumbar spinal fusion. I have reviewed the available information as well as last note June 1, 2012. There is no more recent evaluation available for review. The note indicates that the report has been dictated, but ended abruptly. There is no objective physical examination findings noted. In addition, there is no information related to XXX's prior motor vehicle accident in any formal rehab program including physical therapy, chiropractic treatment, or medication management. The note does not list her current medications or any information related to what she does on a day-to-day basis. June 1, 2012 progress note indicates that an MRI study has been reviewed; however, the specific date is not noted.

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

Based on review of the medical information in notes, lumbar spinal fusion at L5-S1 cannot be certified as medically necessary and appropriate. ODG low back pain guidelines support that there is insufficient evidence to recommend lumbar spinal fusion for chronic low back pain given the clinical information presented. In addition, I note that XXX is quite young and a single level spinal fusion procedure is unlikely to improve long-term outcome given her clinical history. The report indicates that her diagnosis is recurrent herniated disc at L5-L6, which should be L5-S1. There are no pain management notes available for review. There is no comprehensive list of medications tried or attempted. There is no neurology or physiatry notes documenting electrodiagnostic studies to confirm or refute left lower extremity radiculopathy.

Previously XXX is reported to have successfully undergone a microdiscectomy procedure January 11, 2011. Now one-and-a-half years later, there is a request for single level spinal fusion surgery. There is no information related to her current work status or day-to-day activities. There is no information related to participation in a home exercise program, daily stretching and strengthening exercises, and no information related to her current functional status. There is no information about her whether she is independent with activities of daily living, instrumental activities of daily living, or what her typical pain pattern is on a day-to-day basis on a pain scale from 0 to 10 which 0 has no pain and 10 has most pain.

It is likely given the clinical history that she has good days and bad days. There is no information, however, that the proposed surgery or postoperative lumbar bracing will improve overall outcome in this case. There is no specific short or long-term goals listed in the medical records available for review. In addition, there is no information that lumbar spine x-rays were performed with flexion and extension views to look for mechanical instability.

As noted in ODG guidelines, multiple criteria have been proposed for lumbar spinal fusion surgery. In this case, there is no information of specific intractable pain, need for narcotic management for severe pain, specific neurologic deficits or results of electrodiagnostic studies including EMG nerve conduction studies, or any serial comparison of lumbar imaging studies. As noted, the latest report June 1, 2012 is incomplete with no documentation of objective physical examination findings including orthopedic, musculoskeletal evaluation, and neurologic exam. Given XXX young age, embarking upon lumbar spinal fusion surgery at this point should be addressed with well-documented evidence based medicine supporting the need for surgery. Risks, benefits, alternatives should be discussed and outlined and are not in the medical records reviewed.

Consequently given the information presented, I am unable to certify the medical necessity appropriateness of lumbar spinal fusion surgery with postop back bracing. If there are any questions regarding this review, please contact me.

ODG CRITERIA: Fusion with laminectomy, discectomy is 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 progressive neurologic dysfunction. The recommended is the option for spinal fracture, dislocation, spondylolisthesis, or frank neurogenic compromise. In this case, there is no information which would support lumbar spinal fusion in Ms. Maeder's case. If there are any additional questions on this review, please contact me.

IRO REVIEWER REPORT TEMPLATE -WC

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

**X DWC- DIVISION OF WORKERS COMPENSATION POLICIES
OR GUIDELINES**

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**