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Notice of Independent Review Decision

DATE OF REVIEW: 8/5/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of L4/5 Translateral Interbody Fusion and post spinal monitoring.

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

The reviewer is a Medical Doctor who is board certified in orthopedic surgery.

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)

The reviewer disagrees with the previous adverse determination regarding the L4/5 Translateral interbody fusion and post spinal monitoring.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source):

Records reviewed:

Outcome of review of Requested Treatment

Soap Notes: 9/2/2010, 1/6/2011, 2/16/2011, 4/27/2011, 5/31/2011, 7/9/2012, 11/20/2012

Impairment Evaluation: 8/23/2004

Office Visit Exam 2/2/2004, 2/4/2004
MRI Report 1/17/2003
Initial Evaluation 10/7/2003
Presurgical Behavioral Evaluation 2/8/2013
X-Ray Report 4/27/2004, 6/21/2004
Operative Report 4/27/2001
Discharge Report 4/29/2004
Nerve Conduction Study Report 10/3/2003
Neurology Report 10/3/2003
Re-evaluation Report- Rehabilitation: 8/5/2004, 5/18/2004
Other Doctor Notes- 8/8/2012, 10/22/2012

Records Reviewed:

Letter - 3/1/2013, 6/28/2013
Letter - 10/22/2012
Records of office visit - 8/8/2012, 10/22/2012
Procedure record- 10/3/2012

A copy of the ODG was provided by the URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The xx y.o has documented back and leg pain despite medications, ESI, PT and restricted activities. This is reportedly associated with injury sustained while working. The most recent clinical records/appeal were from the AP and dated 3/1/13 and 6/28/13. The patient was noted to have "quit smoking." Decreased right foot sensation was noted on exam. The past history of fusion at L5-S1 has been noted by the treating provider in multiple records. He noted that all guideline criteria have been met including having detailing the adjacent segment (L4-5) as being the identified pain generator based on the positive ESI outcome. Instability was outlined by the AP, as was a trial and failure of non-op. treatments. A psychosocial screen indicated a clearance on 2/8/13. Denial letters discuss the lack of a recent comprehensive clinical examination, an official radiologist's report of instability and the lack of documentation of smoking cessation and/or a psychosocial screen.

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

Opinion: Overturn denial(s)

Rationale: The claimant has persistent positive subjective complaints, adequately documented examination findings of radiculopathy and imaging evidence of adjacent segment disease with segmental instability at L4-5. having "stopped smoking", been cleared from a psychosocial standpoint and failed non-operative treatments; ODG criteria have now been met in full. The pain generator has been adequately identified and has failed reasonable non-op. treatments.

Reference: ODG Lumbar Spine

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)

Intraoperative Spinal Monitoring Recommended during spinal or intracranial surgeries when such procedures have a risk of significant complications that can be detected and prevented through use of neurophysiological monitoring. The following types of intraoperative monitoring may be necessary: somatosensory-evoked potentials; brainstem auditory-evoked potentials; EMG of cranial or spinal nerves; EEG; & electrocorticography (ECOG). Intraoperative EMG and nerve conduction velocity monitoring on peripheral nerves during surgery is not recommended. Intraoperative monitoring is not recommended for intraoperative visual-evoked potentials and motor-evoked potentials. Use of intraoperative SSEP (somatosensory evoked potential) or DSEP (dermatomal sensory evoked potential)

monitoring is recommended as an adjunct in those circumstances during instrumented lumbar spinal fusion procedures in which the surgeon desires immediate intraoperative information regarding the potential of a neurological injury. The occurrence of a postoperative neurological deficit is highly correlated with intraoperative changes in these monitoring modalities. An abnormal SSEP or DSEP during surgery, however, often does not correlate with a postoperative neurological injury because of a high false-positive rate. Use of intraoperative evoked EMG (electromyography) recordings is recommended in those circumstances in which the operating surgeon wishes to confirm the lack of a neurological injury during pedicle screw placement. A normal evoked EMG response is highly predictive of the lack of a neurological injury. An abnormal EMG response during the surgical procedure may or may not be associated with a clinically significant injury. (Resnick, 2005) Although high quality evidence supporting the use of monitoring in cervical, thoracic, and lumbar spinal surgeries is lacking, intraoperative neurophysiological monitoring during spine surgery is currently accepted as standard practice for many procedures and should be used at the discretion of the surgeon to improve outcomes of spinal surgery. (Gonzalez, 2009) Intraoperative monitoring of somatosensory evoked potentials and transcranial electrical motor evoked potentials in procedures that involve the spinal cord itself can predict adverse surgical outcomes in complex cases. All studies consistently showed that all occurrences of paraparesis, paraplegia, and quadriplegia were in patients who showed changes in their evoked potentials during surgery, whereas patients with no changes in evoked potentials had none of these adverse outcomes. However, in the majority of routine orthopedic spine procedures, mostly laminectomy, discectomy, or spinal fusion surgeries, procedures that do not actually involve the spinal cord itself but are very close to the spinal cord, the use of monitoring should be at the discretion of the surgeon. (Nuwer, 2012)

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)