

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

[Date notice sent to all parties]:

07/03/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Appeal inpatient 3 days lumbar 360 fusion at L3-4, L4-5 with left L3-5 laminectomy 22612, 22614x2, 22840, 22851, 63047, 63084x2, 22851x2, 22558, 22585x2, 22845x2, 38220: dx722.10

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)

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:

Radiographs of the lumbar spine dated 09/28/12
MRI of the lumbar spine dated 10/26/12
Clinical notes dated 10/15/12 – 03/04/13
Presurgical behavioral assessment dated 04/03/13
Procedure note dated 01/31/13
Prior reviews dated 04/25/13 & 05/16/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx while moving boxes.

The patient developed complaints of low back pain. Initial radiographs of the lumbar spine completed on 09/28/12 demonstrated maintained vertebral body height to the lumbar spine with mild spondylosis noted greater at L2-3 with mild disc space narrowing. No vertebral body subluxation was identified and there was an osteophyte extending from the superior plate of the S1 vertebral body. MRI studies of the lumbar spine completed on 10/26/12 demonstrated mild degenerative circumferential disc bulging at L3-4 with no foraminal or canal stenosis. There was mild degenerative effusion within the posterior facet joints present. At L4-5, there was a questionable acute disc extrusion and annular disc rupture into the far left lateral foramina severely impinging the left L4 nerve root. The patient did have an epidural steroid injection performed to the left at L4-5 on 01/31/13. Follow up on 02/28/13 indicated the patient had significant improvement for several weeks with return of pain into the left hip. Physical examination at this visit revealed a non-antalgic gait. The patient was seen on 03/04/13 with ongoing complaints of low back pain radiating into the left lower extremity with associated numbness and tingling. Per the patient's physical examination, there was paraspinal tenderness to the lower lumbar spine with decreased range of motion. Motor weakness was present at the left anterior tibialis and extensor hallucis longus. There was also decreased sensation in the L3-4 distribution. The left quadriceps reflex was slightly reduced as compared to the right. recommended facetectomies at L3-4 and L4-5 followed by 360 degree lumbar fusion. The patient did have a presurgical behavioral assessment on 04/03/13. The patient did report a remote history of depression and was provided treatment. The patient's BDI score was 10 and BAI score was 21 within the low ranges of assessments. SOAPP-R testing showed a moderate risk for narcotic pain medication abuse. The mental status exam demonstrated a flat affect and congruent mood. There was poor eye contact as well as poor insight and judgment. The patient was cleared for surgical intervention.

The requested 360 degree lumbar fusion with left sided laminectomies from L3 to L5 was not recommended as medically necessary by utilization review on 04/25/13 as there was no evidence of instability to support a 2 level lumbar fusion.

The request was again denied by utilization review on 05/16/13 as there was no evidence of segmental instability at L3-4 or L4-5.

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

The patient has been followed for complaints of low back pain radiating to the left lower extremity that has not improved with conservative treatment to include multiple epidural steroid injections or the use of anti-inflammatories. MRI studies of the lumbar spine did show a disc herniation at L4-5 projecting into the left neuroforamina; however, there does not appear to be any significant component of facet related disease contributing to neural impingement that would reasonably require extensive facetectomies to the point that would cause iatrogenic instability. Although the patient may be a surgical candidate for decompression, there are no indications for a 2 level 360 degree lumbar fusion. The patient has no

documentation regarding segmental instability, severe spondylolisthesis, or severe disc degeneration and disc space collapse that would require these extensive fusion procedures at L3-4 and L4-5. As such, it is this reviewer's opinion that medical necessity is not established as there is a lack of objective evidence regarding clinical instability in the lumbar spine.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Fusion (spinal)

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).

Discectomy/ laminectomy

ODG Indications for Surgery -- Discectomy/laminectomy --

Required symptoms/findings; imaging studies; & conservative treatments below:

I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging.

Findings require ONE of the following:

A. L3 nerve root compression, requiring ONE of the following:

1. Severe unilateral quadriceps weakness/mild atrophy
2. Mild-to-moderate unilateral quadriceps weakness
3. Unilateral hip/thigh/knee pain

B. L4 nerve root compression, requiring ONE of the following:

1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy
2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness
3. Unilateral hip/thigh/knee/medial pain

C. L5 nerve root compression, requiring ONE of the following:

1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
2. Mild-to-moderate foot/toe/dorsiflexor weakness
3. Unilateral hip/lateral thigh/knee pain

D. S1 nerve root compression, requiring ONE of the following:

1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy
2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness
3. Unilateral buttock/posterior thigh/calf pain

(EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.)

II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:

- A. Nerve root compression (L3, L4, L5, or S1)
- B. Lateral disc rupture
- C. Lateral recess stenosis

Diagnostic imaging modalities, requiring ONE of the following:

1. MR imaging
2. CT scanning
3. Myelography
4. CT myelography & X-Ray

III. Conservative Treatments, requiring ALL of the following:

- A. Activity modification (not bed rest) after patient education (\geq 2 months)
 - B. Drug therapy, requiring at least ONE of the following:
 - 1. NSAID drug therapy
 - 2. Other analgesic therapy
 - 3. Muscle relaxants
 - 4. Epidural Steroid Injection (ESI)
 - C. Support provider referral, requiring at least ONE of the following (in order of priority):
 - 1. Physical therapy (teach home exercise/stretching)
 - 2. Manual therapy (chiropractor or massage therapist)
 - 3. Psychological screening that could affect surgical outcome
 - 4. Back school (Fisher, 2004)
- For average hospital LOS after criteria are met, see Hospital length of stay (LOS).