



**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: April 23, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L4/5, L5-S1 translateral interbody fusion, post spinal fusion L4-S1 and spinal monitoring, in patient hospital stay for 3 days

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

This case was reviewed by a physician board certified in Orthopedics currently licensed and practicing in the state of 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
SOAP note	02/27/2012
SOAP note	06/25/2012
EMG/NCS of lower extremities	06/26/2012
SOAP note	09/11/2012
A follow up note	10/06/2012
A letter by	10/06/2012
MRI of the lumbar spine	11/23/2012
Procedure note (ESI)	12/05/2012
A follow up note	12/17/2012
A letter	12/17/2012
EMG/NCS of lower extremities	01/17/2013
SOAP note	03/12/2013
Work comp pre-auth request form	03/13/2013



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A denial letter	03/18/2013
A presurgical behavioral health evaluation	03/20/2013
A letter	03/27/2013
A letter regarding reconsideration of denied services	04/02/2013
A request for an IRO for denied services of "L4/5, L5-S1 translateral interbody fusion, post spinal fusion L4-S1 and spinal monitoring, in patient hospital stay for 3 days"	04/05/2013

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a male who sustained injury to his lower back on xx/xx/xx while he was sliding. Subsequently, he was treated with physical therapy without much relief. On 06/25/2012, he was seen who referred him for EMG/NCS of lower extremity and recommended ESI. The EMG was positive for chronic right L5-S1 radiculopathy and mild left subacute radiculopathy. He then had MRI done on 11/23/2012 that showed multiple degenerative disc disease with central canal stenosis and lateral recess stenosis at L4-L5 and disc protrusion at L5-S1 contacting bilateral S1 nerve roots. He then had ESI done on 12/05/2012 without much relief in pain symptoms. He had a repeat EMG done on 01/17/2013 that showed acute on chronic left L5-S1 radiculopathy. He then followed up who recommended translateral interbody fusion and post spinal fusion at L4-S1 with spinal monitoring and inpatient hospital stay for 3 days. He also had presurgical behavioral health assessment on 03/20/2013 and was cleared for surgery.

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

This examinee appears to have degenerative disc disease as per the MRI and radiculopathy as per the EMG. However, there are no documented evidence of instability and neurological arch defect. There are no x-rays available to check for instability. There is no spondylolisthesis. Therefore, in my opinion, the proposed surgery L4-5, L5-S1 translateral interbody fusion, spinal monitoring and 3-day hospital stay is not medically supported, appropriate, and does not follow the ODG outlined below.

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



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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).

Intraoperative neurophysiological monitoring (during surgery)

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



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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)

ODG hospital length of stay (LOS) guidelines:

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

Note: About 15% of discharges paid by workers' compensation.

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



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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)