

Health Decisions, Inc.

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Notice of Independent Review Decision

[Date notice sent to all parties]: April 3, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Three day inpatient stay for a low back posterior L3-S1 laminectomy fusion with L3-4, L4-5 and L5-S1 transforaminal lumbar interbody fusion (TLIF)

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

Board Certified Neurological Surgeon with over 12 years of experience

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male that was injured on xx/xx/xx when he slipped, landing on his feet. He left work that same day, but was told to return to work the next day, then saw the doctor and was again released back to work. The claimant has had oral pain medications, exercise therapy and an unspecified amount of physical therapy with no relief.

12-14-12: MRI Lumbar Spine without Contrast. Impression: 1. Congenital AP narrowing of the spinal canal from L2 through L4, exacerbated by degenerative disc disease, prominent dorsal epidural fat and ligamentum flavum hypertrophy, severe canal stenosis at L3-L4 and moderately severe at L4-L5. 2. Multilevel facet arthropathy, moderate at the L5 level.

02-07-13: Office/Outpatient Visit Report. The claimant was referred for consultation and evaluation of low back pain and bilateral lower extremities to the bottom of the feet. The claimant rates back pain 8/10 at this time. He denies having any pain prior to xx/xx/xx. The claimant has similar symptoms for worker's comp in 2003 with same company which resolved with conservative treatment. Upon examination, the claimant c/o numbness, paresthesia and weakness. Stability – LE: Sitting SLR: positive, Supine SLR: positive. Knee strength: extension weakness with 4/5 strength. Ankle strength: flexion weakness with 4/5. EHL (L5), deep peroneal nerve: extension weakness with 4/5 strength. Quadriceps (L3/L4), femoral nerve: flexion weakness with 4/5 strength. Lumbar spine palpation: tender lumbar spinous processes. Deep tendon reflex/nerve stretch: left patella: blunted at 1, left Achilles: no reflex present, right Achilles: blunted at 1+. Spine: pain/tenderness localized to the L4/L5 region. Strength: Left knee ext 4/5, left EHL/DF 4/5, left hip flex 4/5. Sensation: diminished throughout bilateral lower extremities. Positive Straight leg raise bilaterally. Dx: Lumbago, Spine stenosis, Lumbar w/o claud, Lumbar disc displacement, Lumb/Lumbosac disc degen, Sprain of lumbar region. Plan: Recommend a Posterior L3-S1 laminectomy fusion with L3/L4, L4/L5, and L5/S1 discectomy. It would be a wide decompressive laminectomy with resection of the facet and with severe back pain. Also, requires an ESI and PT. Start Neurotin and Gabapentin.

04-09-13: Office Visit Report. The claimant presents with low back pain on both sides is radiating to the bilateral lower extremities. Upon examination, he is tender at lumbar spine. Touch: Decreased left greater than right L4, L5. Strength (graded from 0-5, add X for atrophy): Give-way weakness, left foot flexors: 4, left psoas: 4, left quadriceps: 4, right foot flexors: 5-, right psoas: 5- and right quadriceps: 5-. Dx: Sprain lumbar region, thoracic or lumbosacral neuritis or radiculitis, unspecified. Plan: Bilateral L4 and L5 transforaminal ESI for low back and lower extremity radicular pain bilaterally. He has failed PT.

04-30-13: Office Visit Report. The claimant presents with c/o persistent low back pain with bilateral leg pain that has progressively increased and become very severe. He rates his pain 8/10 and has been treated with oral medications, PT and exercise therapy in the past to no avail. Upon examination, the claimant has lumbar radicular and lumbosacral area pain noted on palpation. The claimant has limited rotation of motion and flexion, extension and lateral motion of the back d/t pain. Face loading reproduces pain bilaterally, facets are tender to palpation bilaterally. Straight leg raise was positive for reproduction of lower extremity pain on the bilaterally at 30 degrees. Bilateral straight leg raising test is positive for hamstring tightness, hip, buttock and low back pain. Assessment: 1. Degenerative disc disease. 2. Lumbar radiculopathy. Recommendation: Have L4 and L5 transforaminal ESI for pain. Will be done in a series of three and at one to two week intervals.

05-02-13: Electromyogram and Nerve Conduction Report. Impression: The patient has clinical and electrophysiologic evidence of a mild sensory motor systemic peripheral neuropathy. There was no evidence of lumbosacral radiculopathy, plexopathy or myopathy.

08-26-13: Office/Outpatient Visit Report. The claimant presents for consultation and evaluation of low back pain and bilateral lower extremities to the bottom of the feet. States back pain is 8/10. Upon examination, stability – LE: sitting SLR: positive, supine SLR: positive, strength and tone – LE: adductors (L3), obturator nerve: flexion weakness with 3/5 strength, EHL (L5), deep peroneal nerve: flexion weakness with 3/5 strength, gastrocnemius (S1), tibial nerve: flexion weakness with 3/5 strength, inversion (L5), deep peroneal nerve: flexion weakness with 3/5 strength, peroneals (S1), deep peroneal nerve: flexion weakness with 3/5 strength, quadriceps (L3/L4), femoral nerve: flexion weakness with 4/5 strength, RLE: 5/5 strength for all maneuvers. Lumbar spine palpation: tender lumbar spinous processes. Deep tendon reflex/nerve stretch: left patella – blunted at 1, left Achilles – no reflex present (0), right Achilles – blunted at 1+. Recommendation: A Posterior L3-S1 laminectomy fusion with L3/L4, L4/L5, L5/S1 transforaminal lumbar interbody fusion (TLIF), psychiatry clearance and wheeled walker with seat.

09-16-13: URA. Determination: Based on the clinical data provided, there is not a clear indication for a L3-S1 posterior decompression in addition to fusion. The clinical information does support posterior lumbar decompression/laminectomies from L3 through L5 only. Imaging studies should be performed to assess for any instability that might support a fusion. Electro-diagnostic studies might also be of benefit in diagnosis. Psychological screening as a pre-op assessment is warranted if the patient has not had it performed.

09-26-13: Mental Status Evaluation. Recommendations: It is recommended that Mr. proceeds with the recommended surgery as the symptoms and problems are physical in nature and there are no psychological reasons why this procedure should be withheld.

10-07-13: Physical Therapy Initial Evaluation/Examination. The claimant presents with lumbar radiculopathy, sacroiliitis and sciatica. He has lumbar spine pain located along L1-L5, bilateral SI joints and hypomobility throughout all joints. The claimant has L posterior ilio rotation and an L anterior sacral rotation. He has positive Stork and Thomas Tests bilaterally (L is more painful than R). Plan: PT three times weekly for 4 weeks.

01-24-14: Lumbar Spine Four Views. Impression: 1. Mild multilevel degenerative disc disease. 2. No abnormal motion on flexion or extension views.

01-27-14: Office/Outpatient Visit Report. The claimant presents with backpain/lumbar radiculopathy. He is here for consultation and evaluation of low back pain and bilateral lower extremities to the bottom of the feet. He states he is having numbness in the lower lateral extremities to the feet with weakness that continues to cause him to fall. He completed PT and is currently using a muscle relaxer, Lortab and walker. Upon examination, stability – LE: sitting SLR – positive, supine SLR – positive. Strength & tone – LLE: knee strength – extension weakness with 4/5 strength, ankle strength – flexion weakness with 4/5.

Strength: EHL (L5), deep peroneal nerve – extension weakness with 4/5 strength, quadriceps (L3/L4), femoral nerve – flexion weakness with 4/5 strength. Lumbar spine palpation: tender lumbar spinous processes. Deep tendon/nerve stretch: left patella – blunted at 1, left Achilles – no reflex present (0) and right Achilles – blunted at 1+. Spine: pain/tenderness localized to the L4/L5 region. Strength: 3-4/5 strength bilateral lower extremity dorsi/plantar flexion, hamstrings, quadriceps and hip flexors. Sensation: diminished throughout bilateral lower extremities. Positive Straight leg raise bilaterally. Recommend: A Posterior L3-S1 laminectomy fusion with L3/L4, L4/L5, L5/S1 transforaminal lumbar interbody fusion (TLIF). It would be a wide decompressive laminectomy with resection of the facet and addition with severe back pain, this would further destabilize the spine and joint requiring a fusion.

02-14-14: URA. Rationale: The request for lumbar laminectomy with fusion at L3-L4, L4-L5 and L5-S1 with a three-day inpatient stay is not supported at this time. The guidelines do not support lumbar spinal fusion without clinical evidence of instability. The most recent diagnostic studies provided for review including plain X-rays have not noted segmental instability or significant spondylolisthesis to support the need for surgical invention consisting of a fusion. The claimant has no clear objective documentation of weakness in a myotomal distribution or decreased sensation in a dermatomal distribution indication nerve root impingement at the proposed levels. Vague motor weakness and decreased sensation is noted without true objective documentation or electrodiagnostic studies confirming radiculopathy to support the need to proceed with a lumbar laminectomy at this time. Objective documentation has not been provided noting full exhaustion of conservative treatment, such as physical therapy progress notes and objective physical examination findings have not been provided more recently beyond August and September 2013. The request for a three-day inpatient stay for a posterior L3 to S1 laminectomy/fusion with L3-L4, L4-L5 and L5-S1 transforaminal lumbar interbody fusion is not certified.

03-18-14: URA. Rationale: This is a non-certification of an appeal of an L3-S1 transforaminal lumbar interbody fusion. The previous non-certification was due to lack of evidence of instability in the lumbar spine, lack of confirmation if radiculopathy on electrodiagnostic testing, and lack of documentation of exhaustion of lower levels of care. The previous non-certification is supported. Additional records were not provided for review. Lumbar fusion is not supported without lumbar segmental instability which is not documented in this claimant on imaging studies. There is no indication the claimant has undergone epidural steroid injections or a home exercise program. Official Disability Guidelines would only support two levels of fusion. The request is for three levels. The request for an appeal of an L3-S1 laminectomy and fusion with L3-S1 transforaminal lumbar interbody fusion is not certified.

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

The previous adverse determinations are upheld. This claimant has had persistent back and leg pain with leg weakness after missing the step in xx/xxxx. He landed on his feet and had no other injuries at that time. His Lumbar MRI on 12/14/12 shows degenerative lumbar discs at L3/4 to L5/S1 and stenosis at L3/4 and L4/5 but no acute disc herniations. His lower extremity EMG/NCV on 5/2/13 show mild sensory motor systemic polyneuropathy. Lumbar x-rays on 1/24/14 show no signs of instability or spondylolisthesis. The patient's history does not clearly indicate whether he has leg symptoms consistent with claudication. His EMG results raise a question of diabetic neuropathy. There is no indication for an L3 to S1 laminectomy and L3 to S1 fusion with TLIF/pedicle screws at this time based on his present symptoms and radiographs. The ODG guidelines don't recommend fusion at more than 2 levels and this patient has no signs of instability to warrant fusion at any level. There is also no documentation that conservative care has been exhausted. He needs a complete trial of Lumbar ESIs and ongoing non-impact exercise for his lower back pain which has a poor prognosis with any fusion surgery. Therefore, the request for a three day inpatient stay for a low back posterior L3-S1 laminectomy fusion with L3-4, L4-5 and L5-S1 transforaminal lumbar interbody fusion (TLIF) is not certified.

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. (.) (.)] (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. (.) (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 [Indications for Surgery --](#) .)

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) & MRI demonstrating disc pathology correlated with symptoms and exam findings; & (4) Spine pathology limited to two levels; & (5) 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. () ([BlueShield](#).)

For average hospital LOS after criteria are met, see [length of](#) (LOS).

ODG Indications for Surgery™ -- Discectomy/laminectomy --

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

I. 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

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

II. 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. imaging
2. scanning
3.
4. & X-Ray

III. Treatments, requiring ALL of the following:

A. (not bed rest) after (\geq 2 months)

B. Drug therapy, requiring at least ONE of the following:

1. drug therapy
2. Other analgesic therapy
3.
4. Steroid (ESI)

C. Support provider referral, requiring at least ONE of the following (in order of priority):

1. (teach home exercise/stretching)
2. (chiropractor or massage therapist)
3. that could affect surgical outcome
4. ()

For average hospital LOS after criteria are met, see [length of](#) (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) -- *Outpatient*

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*

Note: About 6% of discharges paid by workers' compensation.

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*

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)**