

Health Decisions, Inc.

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Notice of Independent Review Decision

[Date notice sent to all parties]: 01-04-14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

One day inpatient for lumbar spine decompression, L2-3

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

This physician is Board Certified in Orthopedic Surgery with over 40 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

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:

06-25-91: MRI of the Lumbar Spine
09-12-94: Lumbar Myelogram
09-12-94: CT Scan of the Lumbar Spine
11-28-94: Operative Report
09-25-00: MRI of the Lumbar Spine with Contrast
01-15-01: Lumbar Myelogram
01-15-01: CT Scan of the Lumbar Spine
05-18-01: Operative Report
05-18-01: Operative Report
12-16-09: Consultation
12-16-09: Radiology Report
01-18-10: Lumbar Myelogram
01-18-10: CT Lumbar Spine
02-17-10: Follow Up Office Visit Report

02-17-10: Radiology Report
05-11-10: Designated Doctor Report
06-04-10: NCV/EMG Test Report
06-16-10: E&M Office Visit Report
07-13-10: Follow Up Office Visit Report
07-27-10: Chronic Pain Management Program Evaluation
07-30-10: UR regarding XLIF post Fusion Decomp L3/4, hardware removal L4-S1: Denied
08-10-10: UR regarding XLIF post Fusion Decomp L3/4, hardware removal L4-S1: Denied
09-15-10: Follow Up Office Visit Report
09-20-10: UR regarding XLIF post Fusion Decomp L3/4, hardware removal L4-S1: Negotiated
10-20-10: Follow Up Office Visit Report
10-25-10: UR regarding XLIF post Fusion Decomp L3/4, hardware removal L4-S1: Approved
11-21-10: Operative Report
11-21-10: Operative Report
12-09-10: Lumbar Spine X-Ray
12-15-10: Follow Up Office Visit Report
12-15-10: Radiology Report
02-07-11: Physical Therapy Evaluation
02-16-11: Lumbar Spine X-Ray
02-16-11: Follow Up Office Visit Report
02-16-11: Radiology Report
05-16-11: Lumbar Spine X-Ray
05-18-11: Follow Up Office Visit Report
05-18-11: Radiology Report
06-06-11: XR Myelogram, Lumbar
06-06-11: CT Spine, Lumbar with Contrast
06-30-11: Follow Up Office Visit Report
12-13-12: Follow Up Office Visit Report
02-05-13: MRI L-Spine with and without Contrast
09-05-13: Follow Up Office Visit Report
10-18-13: UR performed
11-26-13: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained an injury on xx/xx/xx when he slipped and fell. The claimant had a prior history of 2 spinal surgeries, along with diagnoses of cervical spinal stenosis and lumbar degenerative disc disease. Other treatment has included chiropractic care, physical therapy and injections.

06-25-91: MRI of the Lumbar Spine. Impression: 1. Highly Suggestive of a disc herniation noted at the levels of L4-L5 and L5-S1 centrally and to the left with a free disc fragment noted below the level of the 5th lumbar vertebra. 2. Evidence of spinal stenosis with degenerative change in the facet joints bilaterally at the L4-L5 centrally causing bilateral narrowing of the neural foramina. 3. Evidence of disc

degeneration noted throughout the lumbar spine, particularly at the levels of L4-L5 and L5-S1 with straightening of the lumbar spine due to muscle spasm.

09-12-94: Lumbar Myelogram. Impression: 1. Advanced L5-S1 disc degeneration. 2. Degenerative stenosis of the L4-5 central spinal canal.

09-12-94: CT Scan of the Lumbar Spine. Impression: 1. Advanced L5-S1 disc degeneration. 2. Annular bulge, thickened ligamentum flavum and mild facet hypertrophy which combine to produce a degenerative stenosis of the L4-5 central spinal canal and each lateral recess.

11-28-94: Operative Report. Postoperative Diagnosis: 1. Lumbar spinal stenosis. 2. Spinal claudication secondary to the above. Procedures: 1. Subtotal decompressive laminectomy L4-5 bilaterally. 2. Nerve root exploration and foraminotomies L4-5 bilaterally. 3. Partial laminectomy S1 left only with foraminotomy L5-S1 left. 4. Exploration of the L5-S1 intervertebral disc but no discectomy.

09-25-00: MRI of the Lumbar Spine with Contrast. Impression: 1. Mild central stenosis at L2/L3, L3/L4, and L4/L5. 2. Mild right foraminal stenosis at L2/L3, mild bilateral foraminal stenosis at L3/L4 severe right and moderately severe left foraminal stenosis at L4/L5, mild right and moderate left foraminal stenosis at L5/S1.

01-15-01: Lumbar Myelogram. Impression: 1. Grade I spondylolisthesis of L4 vertebral body on L5 with abnormal motion at L5 suggested on flexion extension upright views. 2. Fusion at L5-S1 disc. 3. Bony projection probably from the inferior aspect of the inferior facet at L4 indenting the left side of the thecal sac at the level of upper L5.

01-15-01: CT Scan of the Lumbar Spine. Impression: 1. The plain myelogram demonstrated instability and narrowing of the canal at L4-5 and the CT scan shows moderate stenosis at L4-5 and over the L5 level. A large bony projection from the inferior L4 facet flattens the left posterior aspect of the thecal sac at L5 rather significantly. 2. Neural foraminal narrowing bilaterally at L4-5. 3. No compromise of the canal at L5-S1 but neural foraminal narrowing is present at L5-S1 and lateral recess stenosis below the level of the disc at L4-5 due to the osteophytes present. 4. Mild narrowing of the canal at L2-3.

05-18-01: Operative Report. Postoperative Diagnosis: Lumbar radicular syndrome. Procedure: Anterior exposure of L4-5 disc space.

05-18-01: Operative Report. Postoperative Diagnosis: 1. Recurrent lumbar radicular syndrome on a previously operated spine with spinal stenosis and degenerative spondylolisthesis of 4 on 5. 2. Spinal Stenosis of the 5-1 nerve roots. Procedures: 1. Subtotal decompressive laminectomy of L4. 2. Total laminectomy of L5. 3. Nerve root exploration and foraminotomies of 4 and 5 bilaterally. 4. Disk exploration of 4-5 and 5-1. 5. Bilateral lateral mass fusion, L4-

5 with pedicle screws in 4 and 5, spinal concept rods cross length, utilizing Matrix and local bone debrided of soft tissue.

01-18-10: Lumbar Myelogram. Impression: 1. Status post wide laminectomy with posterior spine fusion for grade 1 anterolisthesis of L4-L5 and retrolisthesis of L5-S1 without any disc herniation or central canal stenosis. However, there is considerable biforaminal narrowing noted at these levels with compression of the L4 and L5 nerve roots at the neural foraminal level bilaterally. Post contrast granulation tissue is encasing the descending L5 nerve root bilaterally at the L4-L5 level. 2. Cephalad to the fusion at L3-L4, there is grade 1 anterolisthesis secondary to severe facet arthropathy and broad-based protrusion/early extrusion centrally resulting in significant central canal stenosis and significant biforaminal stenosis with abutment of the exiting L3 nerve root bilaterally as well as the descending L4 nerve root bilaterally. 3. Solid fusion at the L4-L5 and L5-S1 levels. 4. Postsurgical changes at the L4-L5 and L5-S1 levels. Extensive granulation tissue suspected at the L4-L5 and L5-S1 levels with grade 1 residual anterolisthesis evident. 5. There is marked lumbar spondylostenosis with varying degree of central canal and neural foraminal narrowing at L1-L2, L2-L3d, and L3-L4 levels.

01-18-10: CT Lumbar Spine. Impression: 1. Status post wide laminectomy with posterior spine fusion for grade 1 anterolisthesis of L4-L5 and retrolisthesis of L5-S1 without any disc herniation or central canal stenosis. However, there is considerable foraminal stenosis bilaterally at these two levels particularly on the left side due to significant hypertrophy of the facet joint and a bulging disc causing compression of the L4 nerve root as well as the L5 nerve root bilaterally at these levels. 2. Post myelogram enhancing granulation tissue is encasing the descending L5 nerve root bilaterally at the L4-L5 disc space. 3. Cephalad to the fusion at the L3-L4 level, there is grade 1 anterolisthesis secondary to significant facet arthropathy and broad-based protrusion/early extrusion centrally resulting in severe central canal stenosis and severe biforaminal narrowing with abutment of the exiting L3 nerve root and descending L4 nerve root bilaterally. 4. Solid fusion at L4-L5 and L5-S1 levels with bony graft. 5. Postsurgical changes at the L4-L5 and L5-S1 levels. Extensive granulation tissue is noted at the L4-L5 and L5-S1 levels with mild residual anterolisthesis and retrolisthesis noted. 6. Marked lumbar spondylostenosis with varying degree of central canal and neural foraminal narrowing at the L1-L2, L2-L3, and L3-L4 levels.

06-04-10: NCV/EMG. Impression: Severe chronic bilateral L5 and S1 radiculopathy.

11-21-10: Operative Report. Postoperative Diagnosis: Adjacent level disease at L3-L4 with stenosis. Procedures: 1. Corpectomy, L3-4. 2. Anterior lumbar interbody fusion, L3-4 using Osteocel and bone marrow aspirate. 3. Implantation of polyetheretherketone interbody cage, L3-4 using NuVasive cage. 4. Bone marrow aspiration x3. 5. Somatosensory-evoked potential and electromyogram monitoring over L2 through S2 bilaterally. 6. Cellular grafting using platelet-rich plasma.

11-21-10: Operative Report. Postoperative Diagnosis: Severe spinal stenosis L3-4 with adjacent level disease at L3-4. Procedure: 1. Exploration of fusion L4-5 with solid fusion. 2. Attempted removal of pedicle screw instrumentation. 3. Posterior spinal fusion revision L3-4 using local bone and allograft bone. 4. Revision decompression decompressive laminectomy L3-4. 5. Somatosensory-evoked potential and electromyogram monitoring over L2 through S2 bilaterally. 6. Cellular grafting using platelet-rich plasma.

12-09-10: Lumbar Spine X-Ray. Impression: 1. Wide laminectomy with postsurgical fusion noted at the L3-4, L4-5 and L5-S1 levels. Pedicular screws are seen in place. 2. No acute compression fracture or spondylosis is identified. 3. Intervertebral spacers are seen in place.

02-16-11: Lumbar Spine X-Ray. Impression: 1. No significant change has occurred since the last examination. 2. Again noted is postsurgical fusion with intervertebral spacer at the L3-4, L4-5 and L5-S1 levels. 3. The pedicular screw and cages are seen in place at the L4-L5 disc space. 4. No fracture or loosening of the hardware is seen.

06-30-11: Follow Up Office Visit Report
12-13-12: Follow Up Office Visit Report
02-05-13: MRI L-Spine with and without Contrast

05-16-11: Lumbar Spine X-Ray. Impression: 1. Pedicular screws with bony cages are seen in place involving the L4, L5 and L5-S1 and L3-L4 disc spaces with intervertebral spacer also seen in place. 2. The finding showed no significant change since the last examination. 3. The fusion appears to be solid in nature without any acute compression fracture. 4. A considerable degree of osteoarthritis is noted in both sacroiliac joints.

06-06-11: XR Myelogram, Lumbar. Impression: 1. Fluoroscopic guided lumbar myelogram injection without complication. 2. See CT report for imaging findings.

06-06-11: CT Spine, Lumbar with Contrast. Impression: 1. Prior laminectomy and fusion. 2. Spinal stenosis and foraminal narrowing at L2-L3 (spinal stenosis with the neural canal measuring 6.2mm) and L3-L4.

06-30-11: Follow Up Office Visit Report for continued complaints of pain in his back radiating to his legs. He described symptoms of neurogenic claudication. He had pain at rest when lying in bed. He had to walk forward in a hunched over position in order to ambulate. suggested the next step would be surgery, decompressive laminectomy at L2-3 and L3-4 and removing the pedicle screws. Neurontin was also added to his prescriptions and Hydrocodone refilled.

12-13-12: Follow Up Office Visit Report who reported the claimant had hip replacement surgeries and were doing well with them, however he was still having problems with his legs. He was having neurogenic claudication and that his legs

were giving out on him and buckling when he tried to walk. CT scans from a while back showed stenosis at L2-3 and L3-4 with synovial cyst. Stenosis was compressing his canal down to 5 mm. MRI scan was recommended. On exam he had decreased sensation and strength. He ambulated with a wide-based gait due to his instability when he ambulates. He also appeared to have a footdrop bilaterally.

02-05-13: MRI L-Spine with and without contrast. Impression: 1. Anterior fusion has been accomplished at the lower three lumbar levels. Posterior fusion has also been accomplished at L4-L5. No compression fracture or spondylolisthesis is evident. 2. There does not appear to be high-grade central or foraminal stenosis at the previously operated levels. There is not focal nerve root compression or displacement. 3. At the L2-L3 level, there is a broad-based disk bulge or protrusion which is greatest involving the subarticular recess and proximal neural foramen on the right. Maximal AP extent is about 4mm. There is subarticular recess stenosis with potential for mass effect on the entering right L3 nerve root. There is also facet and ligamentum flavum hypertrophy here, along with prominent posterior epidural fat. This creates mild to moderate central spinal stenosis and right-sided subarticular recess stenosis. 4. The conus is unremarkable. There is no abnormal enhancement involving the conus of the canal.

09-05-13: Follow Up Office Visit Report. The claimant presents with c/o back pain. He continues to have some pain, weakness and difficulty with function of his legs. He is describing severe neurogenic claudication. Upon exam claimant shows significant weakness of L2 on the right side and decreased sensation. Deep tendon reflexes are asymmetric with 1/4 on right and 2/4 on left. The claimant has significant stenosis noted at L2-3. Plan: Due to the neurologic weakness, sensory loss that has been progressive and significant stenosis noted at L2-3, recommended decompressive laminectomy.

10-18-13: UR performed. Rationale for Denial: The claimant has documentation of spinal stenosis at the level above the prior site of the lumbar fusion with worsening lower extremity weakness and low back complaints. The guidelines would not support surgical intervention without first failure of lower levels of care. The claimant has had prior treatment for pathology noted at L3-S1 levels including surgery. Recent documentation of activity modification for up to two months, drug therapy such as non-steroidal anti-inflammatories, analgesics, muscle relaxants, or epidural steroid injections are not noted. The records do not reflect recent physical therapy or a pre-surgical psychological screening. The request for an L2-L3 decompression and one day length of stay is not certified. Determination: The request is not certified.

11-26-13: UR performed. Rationale for Denial: Per Peer Reviewer Deny. Based on the documentation and Official Disability Guidelines, a L2-3 posterior decompression is an appropriate consideration if lower levels of care have been exhausted and pain management diagnostics suggest that this is the patient's primary pain generator. This information is not provided in the records received.

In addition, recent plain films, with lateral flexion/extension views to assess stability have not been documented. This determination is also consistent with the previous denial of 10/15/13.

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

The previous adverse determinations are overturned. The Lumbar MRI on 02-05-13 revealed at the L2-L3 level, a broad-based disk bulge or protrusion with maximal AP extent of about 4mm. There was subarticular recess stenosis with potential for mass effect on the inverting right L3 nerve root and mild to moderate central spinal stenosis and right-sided subarticular recess stenosis. The follow up office visits on 06-30-11, 12-13-12 and 09-05-13 documented neurogenic claudication, as well as, weakness and numbness involving the L2-3 nerve roots. General knowledge concerning surgical management of neurogenic claudication indicates surgical decompression. The request for one day inpatient hospital stay meets ODG criteria. Therefore, the request for one day inpatient for lumbar spine decompression, L2-3 is found to be medically necessary.

PER ODG:

Decompression	Definition: Decompression may be a surgical procedure that is performed to alleviate pain caused by pinched nerves (neural impingement). There are two common types of spine surgery decompression procedures: Microdiscectomy or Open decompression (Discectomy/Laminectomy). See Discectomy ; & Microdiscectomy . When decompression therapy is used as a general term, See Powered traction devices ; IDD Therapy (Intervertebral Disc Decompression); Traction ; Vertebral axial decompression (VAX-D); Percutaneous discectomy ; & Nucleoplasty .
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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 (≥ 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).

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.

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)**