

Independent Reviewers of Texas
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Notice of Independent Review Decision

[Date notice sent to all parties]:

01/21/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 1 Decompression with Posterolateral interbody fusion at L2-L3, L3-L4 as an Inpatient; 1 Day inpatient stay

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

Board Certified Neurosurgeon

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:

Physical therapy reevaluation dated 08/02/13
Operative report dated 03/01/05
Clinical report dated 02/08/11
Clinical report dated 03/16/11
Clinical report dated 04/13/11
Operative report dated 05/01/11
Clinical report dated 05/18/11
MRI of the lumbar spine dated 05/26/11
Clinical report dated 07/13/11

Mental health assessment dated 07/29/11
Radiographs of the lumbar spine dated 12/13/12
MRI of the lumbar spine dated 12/13/12
Clinical report dated 02/06/13
Clinical report dated 03/27/13
Clinical report dated 06/05/13
Mental health assessment dated 06/24/13
Radiographs of the lumbar spine dated 06/24/13
Clinical report dated 10/02/13
Prior utilization reports dated 05/06/13 & 11/13/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx. The patient has undergone multiple surgical procedures for the lumbar spine to include an initial lumbar fusion performed in December of 2001 followed by a spinal cord stimulator implantation in 2005. The patient's spinal cord stimulator and an intrathecal pain pump were requested to be removed. The patient's spinal cord stimulator leads were removed on 05/04/11. The patient continued to report severe lower back pain following the removal of the spinal cord stimulator. There were recommendations for a lumbar decompression and fusion at L2-3 and at L3-4 as early as July of 2011. There was a noted gap in the clinical treatment. Radiographs of the lumbar spine from 12/13/12 did show evidence of mild anterolisthesis at L2-3 and at L3-4 with an osteophyte formation and facet arthropathy present. There was subchondral sclerosis in the vertebral end plates at L2-3. No clear loss of the disc spaces was present or evidence of instability at L2-3 or at L3-4. MRI studies of the lumbar spine from 12/13/12 did show moderate narrowing of the disc space at L2-3 due to underlying degenerative disc disease. There was underlying discogenic disease and a disc protrusion more prominent posterolaterally indenting on the thecal sac. Facet arthropathy was present contributing to moderate foraminal stenosis. At L3-4, there were similar findings contributing to moderate foraminal stenosis bilaterally. Multiple medications for pain management were noted to include Gabapentin, Oxycontin, Xanax, Diazepam, Nucynta, and Prozac. The patient did undergo a mental health assessment on 06/24/13 which indicated the patient continued to have substantial chronic pain. The evaluation showed evidence of severe anxiety and depression on inventory questions. No specific contraindications for surgical intervention were noted. Radiographs with flexion and extension views of the lumbar spine completed on 06/24/13 showed no evidence of subluxation or evidence of instability. The most recent assessment on 10/02/13 identified no neurological deficits. The patient was again recommended for an interbody fusion at L2-3 and L3-4.

The proposed lumbar decompression followed by posterolateral interbody fusion at L2-3 and at L3-4 with a 1 day inpatient stay was denied by utilization review on

05/06/13 as there was no specific documentation regarding exhaustion of non-operative treatment and it was unclear if the patient's pain generators had been adequately identified.

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

The request was again denied by utilization review on 11/13/13 as there was no evidence of segmental instability to support lumbar fusion procedures. The patient has been followed for a long history of chronic low back pain and post-laminectomy syndrome following index fusion procedures completed in 2000. The patient has had an extensive amount of pain management to include the use of both a spinal cord stimulator and intrathecal medications which have since been discontinued and removed. The most recent imaging studies did show a component of adjacent level degenerative disc disease at L2-3 and L3-4 contributing to foraminal stenosis. Flexion and extension views of the lumbar spine did not identify any motion segment instability or severe spondylolisthesis at either L2-3 or L3-4. The patient's physical examination findings did not demonstrate any clear objective evidence of neurological deficit that would support decompression procedures. There were also no objective findings to support a diagnosis of neurogenic claudication. Given the absence of any clear neurological findings on physical examination, the proposed lumbar decompression followed by lumbar fusion to prevent iatrogenic instability with a 1 day inpatient stay would not be supported per guideline recommendations. As such, it is this reviewer's opinion that medical necessity is not established.

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

FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

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)

ODG hospital length of stay (LOS) guidelines:

Discectomy (icd 80.51 - Excision of intervertebral disc)

Actual data -- median 1 day; mean 2.1 days (\pm 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 (\pm 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