

# Health Decisions, Inc.

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## Notice of Independent Review Decision

June 24, 2014

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4-L5 Laminectomy, Discectomy Fusion with cages, PISF, Implantable BGS with 2 days LOS

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

A Board Certified Anesthesiologist with over 6 years' 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 the job on xx/xx/xx. Over the next few days he began having increasing back pain with radiation down his legs into his toes. The claimant has been on pain medication, had one ESI and an unknown amount of physical therapy with no relief.

04-26-11: Progress Note. The claimant c/o low back pain that radiates down right leg has numbness and tingling of the right foot and rates his pain 8/10. Upon examination, Spine: +TTP over bil paraspinous muscles of lumbar spine and increased tenderness over SI area on the right along with +SLR on right. ROM: Limited forward flexion at waist d/t pain. Neurologic Reflexes: DTRs 2+ bilaterally at patella and Achilles. Assessment: Spain Lumbar Region, Sciatica, cont., IB

and Flexeril, refer to PT, RTW with restrictions; refer for MRI of LS Spine. Plan: D/C prednisone oral tablet.

05-03-11: Progress Note. The claimant c/o radiculopathy that is severe in nature and is sharp and radiating in the low back. He rates pain 8/10. Upon examination, +TTP over paraspinal lumbar muscles right > left and + SLR on right. Assessment: Back pain with Radiation, all problems uncontrolled. Plan: Schedule MRI, Prescribed: Flexeril, Ibuprofen, And Norco.

05-03-11: MRI of the Lumbar Spine without Contrast. Impression: Mild degenerative disk disease of lumbar spine is seen, worst at L3/4 where mild circumferential disk bulge flattens the ventral thecal sac. The AP dimension of the thecal sac at this level measures about 9mm in the midline. L3/4 mild circumferential disk bulge contacts the existing right L3 nerve root. L1/2 – L4/5 disk height loss and disk desiccation.

08-16-11: Progress Note. The claimant has had an ESI and states that he has some improvement of his right leg pain, but left leg pain is still present and has throbbing low back pain. Assessment: Intervertebral disc disorder with myelopathy; lumbar region continues with pain related to bulging disc that is abutting nerve root, some improvement with first ESI; recommend second ESI as soon as approved by work comp.

01-05-12: Progress Note. The claimant c/o pain at 8/10 at worst and using pain meds as noted. He did start PT and he notes less stiffness of back, improvement of his pain scores and less stiffness of low back as well.

02-24-12: Progress Note. Per the claimant's attorney his designated doctor eval was positive for accepting the herniated disc as a covered injury. Upon examination, lumbar spine has palpable spasm noted. Assessment: Pt has known herniated disc seen on MRI. Plan: Neurosurgery consultation.

05-23-12: Progress Note. The claimant c/o significant pain that radiates down his left leg and rates pain 9/10. RLE: +straight leg raise, his DTR of patella and Achilles are absent, strength testing of quadriceps is 4/5. Strength testing of his gastroc is 4/5. LLE: +straight leg raise, his DTR of patella and Achilles are absent. Strength testing of quadriceps is 3/5. Strength testing of his gastroc is 3/5. Assessment: His physical findings are now consistent with nerve impingement. His strength testing shows obvious weakness in the gastroc and quadriceps as well as absence of reflex in patella and Achilles, concern for worsening of the herniated disc is raised. MRI of lumbar spine requested today d/t worsening of his condition and physical findings.

09-18-12: Progress Note. Plan: Gabapentin prescribed.

02-28-13: Progress Note. The claimant presents with significant pain that has not changed and c/o pain in bilateral feet and knees. He is using shoe inserts that is

not helping. Upon examination, he is ambulating with the assistance of a cane.  
Plan: Refer to Orthopedics and increase gabapentin.

03-05-13: MRI of Lumbar Spine without Contrast. Impression: 1. L4-5 disc bulge and facet arthrosis result in encroachment upon the descending right L5 nerve root. 2. Bulging of the L3-4, L4-5 and L5-S1 discs. 3. Bilateral neural foraminal narrowing at the L4-5 level, greater on the right than the left.

03-08-13: Progress Note. The claimant states he still has significant bilateral feet and knee pain that has not changed, but does note some improvement with med dose change. Plan: Gabapentin dose adjusted.

05-10-13: Progress Note. The claimant states he has pain that is not controlled by gabapentin. Past Medical Hx: Claimant is unchanged and his physical findings are still consistent with lumbar radiculopathy. Plan: D/C gabapentin and prescribe Lyrica.

06-25-13: Progress Note. Plan: Refer to Orthopedic surgery to evaluate and treat herniated lumbar disc.

06-28-13: Impairment Evaluation. The claimant presents with constant low back pain that is worse on the left than on the right in the legs and is increasing with tightness in his knees when he does a lot of walking. Upon examination, the claimant is using a cane and has difficulty getting up and down. He has a very antalgic gait and resists putting weight on his heel on the right. There is diffuse tenderness to palpation, forward bending is accomplished without arching the back, that and lumbar extension are reduced in range. He cannot stand on his heels or toes and SLR causes pain in back. Deep tendon reflexes in the lower extremities are 2+/4 throughout and manual motor testing is 5/5 on the lower extremities.

07-23-13: Progress Note. The claimant had an MMI impairment rating and was rated 5% total body impairment.

09-17-13: Progress Note. The claimant is tolerating meds for good pain control.

09-17-13: New Patient Surgical Consultation. The claimant c/o back and bilateral leg pain that is worse on left than on right. He has had failed conservative tx including exercise program, medications, PT and ESI. Upon examination, his back and lower extremities reveals positive spring test at the interiliac crest line, positive extensor lag, sciatic notch tenderness bilaterally although worse on left, flip test bilaterally, Lasegue's on the left at 60 degrees, contralateral positive SLR on the right at 75 degrees with pain referred to back and LLE, positive Bragard's, hypoactive knee jerks on the left, absent posterior tibial tendon jerks bilaterally, hypoactive ankle jerk on the left, paresthesia's in the L3, L4, L5 nerve root distribution on the left, L3, L4 nerve root distribution on the right and weakness of tibialis anterior and extensor hallucis longus and quadriceps on the left and right.

Plan: Further workup is necessary to include provocation discography and postdiscographic CT scan to delineate the pain generators.

09-18-13: MRI Scan Review. L4-L5, L3-L4, L2-L3, L1-L2 contained disc herniation rated at stage II with annular herniation, nuclear protrusion, disc desiccation consistent with T2-weighted image changes and spinal stenosis.

11-07-13: Progress Note. The claimant c/o having significant pain in his low back. Plan: Prescribed cyclobenzaprine, amitriptyline and d/c Flexeril.

01-13-14: Progress Note. Plan: Lyrica adjusted.

01-29-14: RF FL Myelogram Lumbosacral PNL. Impression: 1. Multilevel degenerative spondylosis with suggestion of a disc bulges at L2-L3 and L3-L4 effacing the thecal sac.

01-29-14: CT Lumbar Spine with Contrast. Impression: 1. Multilevel degenerative spondylosis as described above.

02-04-14: Office Visit Report. The claimant presents with back and bilateral leg pain, worse on left than on right. Upon examination, his current symptomology is more indicative of pathology at L4-L5 and L5-S1. Plan: Proposed surgery would be decompressive lumbar laminectomy, discectomy, and instrumented arthrodesis to correct his stenosis, internal disc disruption syndrome with discogenic pain. As he has nearly collapsed bone-on-bone at L4-L5 and L5-S1 this will require complete facetectomy which will render him unstable.

05-01-14: URA. Rationale: Based upon documentation presently available for review, the above noted reference would not support this specific request to be one of medical necessity. This reference would not support this request to be one of medical necessity as there is no documentation to indicate the presence of any new changes on neurological examination compared to previous that would support a medical necessity for the requested diagnostic study. Additionally, the submitted documentation does not provide any data to indicate that results or an electro-diagnostic assessment would provide any additional data to affect a treatment plan. As such, presently, medical necessity for this request is not established in this specific case. The case was reviewed with a designated representative.

05-23-14: URA. Rationale: None of the requests are indicated. There is no indication for a laminectomy or discectomy. In order to be a candidate for a laminectomy or discectomy there must be a compressive lesion matching the patient's history and exam such that decompression by doing a laminectomy and/or discectomy is indicated. This patient does not have a compressive lesion. His 1/29/14 myelogram/CT scan did not show any nerve compression. Therefore he is not a surgical candidate. There is no indication for a fusion, i.e., no instability, listhesis documented to warrant a fusion. Peer to peer was not successful.

06-03-14: URA. Medical necessity for requested L4-L5 Laminectomy, Discectomy Fusion with cages, PISF, Implantable BGS with 2 days LOS is not established, as guideline criteria was not met. This request obtained an adverse determination on 05-27-14, as there was no corroborating imaging evidence of a compressive lesion. Within the context of this denial, no additional medical records following the adverse determination were provided. Imaging did not reveal anatomic nerve impingement at the L4-5 level, and there are no flexion/extension films indicating instability at this level. ODG criteria for lumbar decompression include clinical radiculopathy, corresponding imaging findings demonstrating neurocompressive lesions, failure of conservative care, and a support provider referral. In addition, the ODG states that, until further research is conducted there remains insufficient evidence to recommend fusion for chronic low back pain in the absence of stenosis and spondylolisthesis, and this treatment for this condition remains "under study." As there are no corroborated imaging or electrodiagnostic findings documenting nerve impingement at the L4-5 level, and no evidence of instability, the requests remains unsubstantiated. Recommend non-certification. Peer to peer was not successful.

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

Denial of L4-L5 Laminectomy, Discectomy Fusion with cages, PISF, Implantable BGS with 2 days LOS is non-certified. This patient has back and leg pain dating back to a xx/xxxx back hyperextension injury while at work. He has likely chronic lumbar sprain as he has back tenderness on exam. His radiographs show lumbar spondylosis and multilevel disc bulges at L2/3, L3/4 and L4/5. He reports more left sided leg pain but his L4/5 disc bulge is right sided on the MRI reports. His lumbar CT myelogram shows only L2/3 and L3/4 bulges. The discogram findings are not reported in a way that suggests a fusion at L4/5 would be helpful. This patient shows no clear need for a decompression at L4/5 based on the January 2014 myelogram report. The patient's lower extremity EMG/NCVs was also normal which makes the source of his pain more musculoskeletal in origin. Therefore, I agree with the denial of the lumbar decompression/fusion surgery.

Per ODG:

**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).

### **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).

**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)**