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Notice of Independent Review Decision

[Date notice sent to all parties]:

9/8/2015 and 9/11/2015

IRO CASE #:

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: ALIF PLIF L5-S1
w instrumentation, brace lumbar**

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

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his low back. The patient reported periodic numbness in the right posterior thigh. The clinical note dated xxxxx indicates the patient continuing with complaints of numbness in the right posterior thigh as well as the calf at the end of each work day. The patient rated the pain as 5/10 at that time. The note indicates the patient utilizing anti-inflammatory medications as well as initiating a course of physical therapy. Upon exam, no reflex deficits were identified. The patient was able to demonstrate 5/5 strength throughout the lower extremities at that time. No sensory changes were identified. The clinical note dated xxxxx indicates the patient having undergone an injection in the low back. The patient reported no radiating pain into the lower extremities. The patient described the ongoing pain as a throbbing sensation. The patient rated the pain as 4/10 at that time. There is an indication the patient had undergone an MRI of the lumbar spine which revealed significant collapse at the L5-S1 level. A herniated nucleus pulposus was also identified. The clinical note dated xxxxx

indicates the patient rating his low back pain as 6/10 at that time. The patient demonstrated no strength deficits in the lower extremities. No reflex changes or sensory changes were identified. There is an indication the patient had also revealed instability of greater than 5mm at the affected levels. The psychological evaluation completed on xxxxx indicates the patient recommended for a surgical intervention as no contraindications were identified from a psychological perspective.

The utilization reviews dated xxxx and xxxxx resulted in denials as no imaging studies were submitted confirming the patient's significant pathology.

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

The documentation indicates the patient complaining of ongoing low back pain. The clinical notes indicate the patient showing no neurologic involvement or radiating pain into the lower extremities. A fusion is indicated in the lumbar region with instrumentation provided the patient meets specific criteria to include imaging studies confirming the patient's neurocompressive findings as well as flexion and extension x-rays confirming the patient's instability. No MRI was submitted for review despite the clinical notes alluding to the previous completion of an MRI. Furthermore, no flexion and extension views were submitted. Therefore, it is unclear if the patient is continuing with findings consistent with instability in the lumbar region. As such, it is the opinion of this reviewer that the request for the ALIF and PLIF at the L5-S1 level with instrumentation is not recommended as medically necessary. Furthermore, the request also involves a lumbar brace. Given the non-certification of the surgery, the additional request for a lumbar brace is rendered non-certified.

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
Fusion (spinal)

Patient Selection Criteria for Lumbar Spinal Fusion:

(A) Recommended as an option for the following conditions with ongoing symptoms, corroborating physical findings and imaging, and after failure of non-operative treatment (unless contraindicated e.g. acute traumatic unstable fracture, dislocation, spinal cord injury) subject to criteria below:

- (1) Spondylolisthesis (isthmic or degenerative) with at least one of these:
 - (a) instability, and/or
 - (b) symptomatic radiculopathy, and/or

- (c) symptomatic spinal stenosis;
- (2) Disc herniation with symptomatic radiculopathy undergoing a third decompression at the same level;
- (3) Revision of pseudoarthrosis (single revision attempt);
- (4) Unstable fracture;
- (5) Dislocation;
- (6) Acute spinal cord injury (SCI) with post-traumatic instability;
- (7) Spinal infections with resultant instability;
- (8) Scoliosis with progressive pain, cardiopulmonary or neurologic symptoms, and structural deformity;
- (9) Scheuermann's kyphosis;
- (10) Tumors.

(B) Not recommended in workers' compensation patients for the following conditions:

- (1) Degenerative disc disease (DDD);
- (2) Disc herniation;
- (3) Spinal stenosis without degenerative spondylolisthesis or instability;
- (4) Nonspecific low back pain.

(C) Instability criteria: Segmental Instability (objectively demonstrable) - Excessive motion, as in isthmic or 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 15 degrees L1-2 through L3-4, 20 degrees L4-5, 25 degrees L5-S1. Spinal instability criteria includes lumbar inter-segmental translational movement of more than 4.5 mm. (Andersson, 2000) (Luers, 2007) (Rondinelli, 2008)

(D) After failure of two discectomies on the same disc [(A)(2) above], 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.)

(E) Revision Surgery for failed previous fusion at the same disc level [(A)(3) above] if there are ongoing symptoms and functional limitations that have not responded to non-operative care; there is imaging confirmation of pseudoarthrosis and/or hardware breakage/malposition; and significant functional gains are reasonably expected. 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. Workers compensation and opioid use may be associated with failure to achieve minimum clinically important difference after revision for pseudoarthrosis (Djurasovic, 2011) There is low probability of significant clinical improvement from a second revision at the same fusion level(s), and therefore multiple revision surgeries at the same level(s) are not supported.

(F) Pre-operative clinical surgical indications for spinal fusion should include all of the following:

(1) All physical medicine and manual therapy interventions are completed with documentation of reasonable patient participation with rehabilitation efforts including skilled therapy visits, and performance of home exercise program during and after formal therapy. Physical medicine and manual therapy interventions should include cognitive behavioral advice (e.g. ordinary activities are not harmful to the back, patients should remain active, etc.);

(2) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or MRI demonstrating nerve root impingement correlated with symptoms and exam findings;

(3) Spine fusion to be performed at one or two levels;

(4) Psychosocial screen with confounding issues addressed; the evaluating mental health professional should document the presence and/or absence of identified psychological barriers that are known to preclude post-operative recovery;

(5) 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)

(6) There should be documentation that the surgeon has discussed potential alternatives, benefits and risks of fusion with the patient;

(7) For average hospital LOS after criteria are met, see Hospital length of stay (LOS).