



Specialty Independent Review Organization

**Date notice sent to all parties:** 6/11/2018

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

The item in dispute is the prospective medical necessity of ALIF/PLF L5-S1 (under fluoroscopic guidance) – lumbar interbody fusion with revision laminectomy, discectomy, and application of posterior instrumentation and fusion and back brace.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery.

**REVIEW OUTCOME:**

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of ALIF/PLF L5-S1 (under fluoroscopic guidance) – lumbar interbody fusion with revision laminectomy, discectomy, and application of posterior instrumentation and fusion and back brace.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient is a XXXX who sustained an industrial injury on XXXX. Injury occurred when XXXX was XXXX and felt a pop in XXXX low back. XXXX underwent laminectomy and discectomy at L5/S1 on XXXX, and a left revision laminectomy and discectomy at L5/S1 on XXXX. The XXXX spine surgeon report indicated that the patient was seen for XXXX 3-month follow-up after left revision laminectomy and discectomy at L5/S1. The patient reported that XXXX leg pain had increased since XXXX last visit. XXXX complained of constant grade 4-8/10 low back pain radiating down the posterior and lateral left leg with numbness and tingling. XXXX had completed 12 sessions of physical therapy without relief. Current medications included XX, XX, and XX. Objective findings documented antalgic gait, inability to perform heel or toe walk on the left, and left L5/S1 paracentral and left buttock tenderness. Lower extremity neurologic exam documented 4+/5 left plantar flexion weakness, decreased left posterior/lateral leg sensation, and 2+ and symmetrical deep tendon reflexes. Straight leg raise was positive on the left at 20 degrees. The diagnosis was post-laminectomy syndrome. The treatment plan recommended refill of medications and updated MRI of the lumbar spine to rule-out a recurrent disc herniation. The XXXX lumbar spine MRI impression documented the patient was status post left hemilaminectomy, medial facetectomy, and left paracentral discectomy at L5/S1. There was enhancing granulation tissue in the left dorsolateral and left ventral epidural spaces that contacted and surrounded the descending left S1 nerve root. There was no definite residual/recurrent herniation. Findings documented disc bulging and crowding of the right lateral recess without mass effect on the descending right S1 nerve root. At L4/5, there was mild bilateral lateral recess stenosis secondary to disc bulging,

shallow bony anatomy, and facet joint hypertrophy. The XXXX psychological evaluation report indicated that the patient did not present with any significant psychological or psychosocial issues that would prohibit him from being a good candidate for lumbar surgery from a psychological standpoint. The XXXX spine surgeon report cited complaints of constant grade 5-8/10 low back pain radiating into the left posterior leg to the dorsal aspect of the foot in an L5 distribution. XXXX was not currently working due to XXXX severe pain. Conservative treatment had included comprehensive medications, activity modification, and physical therapy. XXXX was a non-smoker. Lumbar spine exam documented restricted and painful flexion and extension, and tenderness over the left paracentral L5/S1 and left buttocks. Gait was antalgic. XXXX was unable to perform heel or toe walk due to weakness on the left. Lower extremity neurologic exam documented 4+/5 left plantar flexion weakness, decreased left L5/S1 dermatomal sensation, and 2+ and symmetrical deep tendon reflexes. Straight leg raise was positive on the left. The diagnosis was lumbar radiculopathy and post-laminectomy syndrome. The patient had failed extensive conservative treatment after XXXX second decompressive laminectomy and discectomy. XXXX had continued severe back pain radiating down the leg with associated numbness and weakness. XXXX had an incompetent disc and loss of disc height, recurrent disc protrusion and on-going radicular symptoms. XXXX had been cleared from a psychological standpoint to move forward with lumbar fusion surgery. Based on XXXX failure to respond to microdiscectomy at L5/S1 on the left, the treatment plan recommended lumbar interbody fusion with revision laminectomy, discectomy, and application of posterior instrumentation and fusion. Authorization was requested for ALIF (anterior lumbar interbody fusion)/PLIF (posterior lumbar interbody fusion) at L5/S1 with revision laminectomy/discectomy and posterior instrumentation and a back brace. The XXXX peer review report denied the request for ALIF/PLIF at L5/S1 with revision laminectomy/discectomy and posterior instrumentation and a back brace. The rationale stated that the MRI and radiographic studies of the lumbar spine found no significant pathology. There was no recurrent disc herniation combined with significant degenerative disc disease, spondylolisthesis or motion segment instability to meet the Official Disability Guidelines indications to proceed with lumbar fusion. The XXXX peer review report denied the appeal request for ALIF/PLIF at L5/S1 with revision laminectomy/discectomy and posterior instrumentation and a back brace. The rationale supported the medical necessity of the surgical request but stated that the use of a back brace following fusion is under study due to lack of evidence. It was noted that the documentation did not reflect that the patient had special circumstances to support external immobilization after XXXX procedure. As the back brace was not supported by guidelines, the request in its entirety was not support.

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

The Official Disability Guidelines recommend criteria for lumbar decompression surgery that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Guidelines recommend spinal fusion for patients with ongoing symptoms, corroborating physical findings and imaging, and after failure of non-operative treatment for disc herniation with symptomatic radiculopathy undergoing a third decompression at the same level. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability and/or imaging demonstrating nerve root impingement correlated with symptoms and exam findings, spine fusion to be performed at 1 or 2 levels, psychosocial screening with confounding issues addressed, and smoking cessation for at least 6 weeks prior to surgery and during the period of fusion healing. The Official Disability Guidelines state the post-operative back bracing is under study. Guidelines note that there is conflicting evidence, so case by case recommendation were necessary, and a standard brace would be preferred over a custom post-op brace. Additionally, the ACOEM Practice Guidelines for Low Back Disorders state that rigid lumbar supports are recommended for post-operative fusion.

This patient presents with constant severe back pain radiating down the left leg in an L5/S1 distribution with associated numbness and weakness. Functional difficulty precludes return to work. XXXX is status post two prior lumbar laminectomy/discectomy procedures at the L5/S1 level, with recurrent symptoms. Clinical exam findings evidence motor and sensory deficits consistent with imaging evidence of left S1 nerve root compromise due to reported recurrent disc herniation. Detailed evidence of a reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is psychological clearance for fusion surgery documented. The patient is a non-smoker. Given that this is the third decompression procedure at the same level, guideline criteria have been met for spinal fusion. Additionally, referenced guidelines would support a standard post-operative back brace to assist in post-operative pain management and allow for early functional mobility. Therefore, this request for ALIF/PLF L5/S1 (under fluoroscopic guidance) – lumbar interbody fusion with revision laminectomy, discectomy, and application of posterior instrumentation and fusion and back brace is medically necessary.

**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 KNOWLEDGBASE
- 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)

American College of Occupational and Environmental Medicine.  
 ACOEM Practice Guidelines  
 Low Back Disorders  
 (Effective 2/24/16)  
 Allied Health Professionals, Physical and Occupational Therapy, and Other Physical Methods  
 Lumbar Supports  
 Lumbar Supports after Fusion Surgery for Low Back Disorders