Lumbar Fusion Surgery

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Lumbar Fusion: Key components

- Defines medical indications for lumbar fusion according to current best practices
- Establishes what an adequate preoperative assessment should be
- Establishes the need for a conservative-treatment trial for 60 days, when appropriate
- Requires active engagement by the surgeon before and after the procedure
- Requires documented communication of the risks and the procedure's potential benefits between the injured worker, physician of record (POR) and the surgeon

Lumbar Fusion: Development

- Lumbar fusion guidelines were developed through the Spine Care Subcommittee and the Health Care Quality Assurance Advisory Committee and unanimously approved.
- Evidence-based approach and approaches by various payers and systems were reviewed.
- *Official Disability Guidelines* (ODG) used as a base upon which more robust guidelines were built.
- BWC's data on outcomes for spinal fusion surgery was reviewed internally and externally.

Lumbar Fusion: Goals

- Promote the highest quality of care for spinal fusion
- Improve alignment in the expectations of all those involved to maximize outcomes and minimize disability (injured worker, POR and the operating surgeon)
- Facilitate adherence to best practice standards reflected in medical research and in consultation with subject matter experts

Lumbar Fusion: Prerequisites

Authorization for lumbar fusion shall be considered only in cases in which the following criteria are met:

- Trial of conservative care.
- Operating surgeon must personally evaluate the injured worker on at least two occasions prior to requesting authorization for surgery.
- Injured worker must have a comprehensive evaluation prior to surgery.

Lumbar Fusion: Conservative Care

To authorize lumbar fusion surgery, the injured worker must have ***at least 60 days of conservative care*** for low back pain with an emphasis on:

- Physical reconditioning.
- Avoidance of opioids, when possible.
- Avoidance of catastrophizing lumbar MRI findings.

Lumbar Fusion: Conservative Care

- Relative rest/ice/heat
- Anti-inflammatories
- Pain management/physical medicine and rehabilitation program
- Chiropractic/osteopathic treatment
- Physical medicine treatment as set forth in Ohio Administrative Code 4123-6-30
- Interventional spine procedures/injection

Lumbar Fusion: Exceptions

The 60-day trial of conservative care may be waived with prior approval from the managed care organization (MCO) in cases of:

- Progressive functional neurological deficits.
- Spinal fracture.
- Tumor.
- Infection.
- Emergency/trauma care.
- Other catastrophic spinal pathology causally related to the injured workers' allowed condition(s).

Lumbar Fusion: Surgeon Requirement

The operating surgeon must personally evaluate the injured worker on at least two occasions prior to requesting authorization for surgery.

Lumbar Fusion: Comprehensive Evaluation

The POR and the operating surgeon must have documented in the injured worker's file the:

- Visual analog scale.
- Pain diagram.
- Oswestry, low back disability questionnaire.

Lumbar Fusion: Comprehensive Evaluation

Comprehensive orthopedic/neurological examination to include:

- Gait.
- Spine (deformities, range of motion, palpation).
- Hips and sacroiliac joints.
- Motor.
- Sensory.
- Reflexes.

Lumbar Fusion: Comprehensive Evaluation

Diagnostic testing should include:

- Lumbar X-rays (including flexion/extension).
- Lumbar MRI or lumbar CT scan.
- Electromyography (EMG) or NCS may be performed (if questions remain).

Lumbar Fusion: Comprehensive Evaluation

- Discussion and/or consideration of opportunities for vocational rehabilitation
- Review of current/previous medications
- Health behavioral assessment
- **Account for comorbidities such as:**
    - Smoking.
    - Body mass index.
    - Diabetes.
    - Coronary artery/peripheral vascular disease.

Lumbar Fusion: HBA

- Not preoperative clearance
- Routine assessment and conservative care
- Identify and address potential behavioral barriers to healing of the allowed physical conditions, which may include:
  - Catastrophic thinking.
  - Perceived injustice.
  - Fear (pain, loss, misunderstanding).
  - Poor coping skills.
- Not for diagnosis or treatment of mental conditions

Lumbar Fusion: Medical Criteria with No History of Lumbar Surgery

Injured worker remains highly functionally impaired despite the trial of conservative care, and one or more of the following are present:

- Mechanical low back pain with instability.
- Spondylolisthesis of 25% or more with instability, neurogenic claudication or a unilateral or bilateral radiculopathy that's corroborated by a neurologic exam ***and*** a MRI or a CT scan.
- Lumbar stenosis necessitating decompression resulting in 50% facet loss.
- Degenerative disc disease with instability.

Lumbar Fusion: Medical Criteria with No History of Lumbar Surgery

- Lumbar radiculopathy with stenosis and bilateral spondylolysis
- Primary neurogenic claudication and/or radiculopathy with lumbar spinal stenosis with spondylolisthesis or bilateral pars loss with lateral translation
- Spinal stenosis, disc herniation or other neural compressive lesion requiring radical decompression resulting in 50% or more facet loss at the associated level

Lumbar Fusion: Medical Criteria with History of Lumbar Surgery

Injured worker had a prior laminectomy, discectomy or other decompressive procedure at the same level. You should consider lumbar fusion for approval only if the injured worker has one of the following:

- Mechanical low back pain with instability at the same or adjacent levels.
- Mechanical low back pain with pseudospondylolisthesis, rotational deformity, or other condition leading to progressive measurable deformity.

Lumbar Fusion: Medical Criteria with History of Lumbar Surgery

- Instability with objective signs/symptoms compatible with neurogenic claudication or radiculopathy supported by EMG, examination and imaging
- Evidence of significant facet loss from post laminectomy
- Documented pseudoarthrosis or non-union with or without failed hardware

Lumbar Fusion: Communication and Education

- The injured worker and the physician must review and sign the educational document, ***What BWC Wants You to Know About Lumbar Fusion Surgery***.

Lumbar Fusion: Aftercare

POR (or treating physician) and the operating surgeon ***must*** follow the injured worker until the injured worker reaches maximum medical improvement (MMI) for the allowed lumbar conditions.

For the first six months post-op, the POR (or the treating physician) and the operating surgeon must see the injured worker at least **every two months** to monitor:

- His or her progress.
- Rehabilitation needs.
- Behavioral patterns or changes.
- Return-to-work willingness and/or status.

Lumbar Fusion: Aftercare

During this period, the POR (or the treating physician) and the operating surgeon shall determine:

- Fusion status.
- Pain/functional status.
- Residual level of functional capacity.
- Appropriateness of vocational rehabilitation.
- Injured worker's MMI status.

Lumbar Fusion: Sequence of Medical Review

- Consider medical indications first.
- If met, move on to the elements of assessment and conservative care.

Lumbar Fusion: Scope of Medical Review

- Consider and document any and all potential reasons for denial.
- You cannot cite ODG criteria as a reason for denial or approval.
- You cannot use the reviewer's assessment of relative risk as a reason for denial.

Lumbar Fusion: Timeline for Determination

- The request can be pended for 10 days if additional medical information is required.
- If the requested information is not produced, then you should deny the request and allow the request to proceed through the alternative dispute resolution and adjudication process, if necessary.
- It may occur by the time of the Ohio Industrial Commission (IC) hearing that the missing prerequisites are met.

Lumbar Fusion: Technical Considerations

- Prophylactic adjacent level fusion
- An EMG is not necessary but it may be appropriate.
- In the event there is an IC order for payment, then BWC is obligated to pay.

Lumbar Fusion: Outcome Data

- Utilization
- Denials and IC determinations
- Clinical measures
  - Pain
  - Return to work
  - Opioid utilization
  - Mortality

Lumbar Fusion: Communication

- MCO staff
- MCO medical directors
- Disability evaluators panel physicians
- Other reviewing panels
- Surgeons
- IC hearing officers
- BWC attorneys