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Texas -- DWC Approves Plan for Auditing Results of Lumbar Spinal Fusions: Top [09/21/11]

By **Bill Kidd**, Central Bureau Chief

The Texas Division of Workers' Compensation announced on Tuesday that it plans to study lumbar spinal fusions to determine if injured workers benefit from the surgery or suffer long-term problems.

The "lumbar spinal fusion plan-based audit" is intended to set out the basis for the division to take disciplinary action against providers who perform large numbers of unsuccessful or unnecessary surgeries.

"There has been and continues to be a dramatic rise in spinal fusion surgeries in the United States," stated DWC medical adviser Dr. Donald Patrick in announcing the plan.

Lumbar fusion typically involves use of plastic or metal devices to stabilize vertebrae in the back. Several national studies have questioned the effectiveness of lumbar fusions in workers' compensation cases, particularly as an initial treatment choice for chronic back pain.

The stated purposes of the audit are to:

- Promote delivery of quality health care to injured workers in a cost-effective manner.
- Assure that providers follow "medically accepted standards of care" in performing lumbar fusions.
- Assess return-to-work outcomes of workers who undergo lumbar fusions.

The division released a draft study plan in July and took public comments. Patrick said no changes were made to the draft.

The annual number of spinal fusions in the United States increased by 77% between 1996 and 2001, while during that same period, hip replacement and knee arthroplasty increased only 14%, according to the U.S. Agency for Healthcare Research and Quality, Patrick said.

Patrick said rates of lumbar spine fusions in the United States increased more than 250% over the prior 10 years, "without scientific or clinical evidence to demonstrate that fusions are effective for most back conditions," according to the medical journal Spine.

"While fusions have been found to be efficacious in the treatment of back pain caused by segmental instability, there is little sound medical evidence to support its efficacy in the treatment of chronic back pain not associated with instability," Patrick said.

Patrick said promoting fusions as a treatment option for chronic back pain in patients without evidence of spine instability has been the dominant cause of the increased fusion rates. He said further study is warranted because of the high cost and rapid increase in surgery rates, combined with the rapid rise in the number of subsequent operations and complications.

Carriers in Texas applauded the audit plan, but suggested it could be expanded to provide more information.

Trey Gillespie, senior workers' compensation director, Property Casualty Insurers Association of America (PCI), said the audit "should provide meaningful information on the quality of care in the Texas workers' compensation system when the worker undergoes more than one spinal surgery."

PCI hopes the audit will be expanded in the future "to look at the health outcomes of Texas workers who undergo spinal fusions compared to workers who undergo less extensive spinal surgery" compared to workers who do not undergo any spinal surgery when the patients have "similar clinical and radiographic profiles," Gillespie said.

Gillespie cited the "growing amount of medical evidence referenced in the division's adopted treatment guidelines" that spinal fusions frequently result in poorer health outcomes than less invasive surgeries and no-surgery alternatives.

"There is concern that the large medical costs associated with spinal surgery may motivate some health care

providers to prescribe unnecessary spinal fusions, despite the risk of poor health outcomes,” Gillespie said.

Steve Nichols, workers’ compensation manager, Insurance Council of Texas, said the council also supports the study. “There have been some instances of possible overuse” of lumbar fusion in the Texas system, and the audit should provide a mechanism for detecting and correcting problems, he said.

The Texas Medical Association said earlier, in comments filed by its Ad Hoc Committee on Workers’ Compensation, that it supports the division’s efforts to assure quality care for injured workers. Dr. Bernard Swift, San Antonio, chairman of the committee, asked for clarification of questions to be used in the audit process. Swift was not available for comment on Tuesday.

The planned audit, to be conducted through the Office of the Medical Adviser, will look at providers who conducted lumbar fusions “as the first lumbar surgical procedure” with a re-operation rate of 20% or higher. The audit will consider the “medical necessity and appropriateness” of the surgeries based on the DWC’s Medical Quality Review Procedures and provisions of the Labor Code.

The office will select not more than 10 providers with the highest re-operation rates for lumbar fusions, and will select enough procedures performed by each provider to produce a statistically valid sample.

The data will be selected on first lumbar fusions conducted between May 1, 2007, and April 30, 2010.

Providers currently under review by the Medical Quality Review Panel, or who were reviewed in fiscal year 2011 (which ended Aug. 31, 2011), will not be part of the new audit.

Full information from the DWC on the plan can be found [here](#).

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