



DATE OF REVIEW: 4/23/07

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical necessity for the previously denied request for L5 laminectomy at L5-S1 and transforaminal lumbar interbody infusion (TLIF).

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

Neurological 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)

Previously denied request for L5 laminectomy at L5-S1 and transforaminal lumbar interbody infusion (TLIF).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Fax Cover Sheet dated 3/30/07, 2 pages.
- Cover Letter dated 3/20/07, 1 page.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 3/20/07, 1 page.

- **Company Request for Independent Review Organization (unspecified date), 5 pages.**
- **Reconsideration/Appeal of Adverse Determination Letter dated 3/12/07, 2 pages.**
- **Utilization Review Determination Letter dated 2/16/07, 2 pages.**
- **Request for a Review by an Independent Review Organization dated 3/12/07, 3 pages.**
- **Notice to CompPartners Inc. of Case Assignment dated 3/30/07, 1 page.**
- **Notice of Assignment of Independent Review Organization dated 3/30/07, 1 page.**
- **Utilization Management Disclaimer (unspecified date), 1 page.**
- **Progress Report/Letter dated 3/5/07, 2/8/07, 3 pages.**
- **Consultation Report dated 12/21/06, 3 pages.**
- **Electrodiagnostic Interpretation Report dated 1/11/07, 3 pages.**
- **Lumbar Spine CT Discogram dated 2/05/07, 2 pages.**
- **Lumbar Spine Myelogram dated 1/22/07, 1 page.**
- **Lumbar Sine MRI dated 11/2/06, 2 pages.**

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Patient's age:

Gender: Male

Date of Injury:

Mechanism of injury: Lifting type injury.

Diagnoses: L5-S1 spondylolisthesis; degenerative disc disease L4-5 and L5-S1.

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

The patient complained of severe pain that was incapacitating his low back and bilateral lower extremities, but primarily involving the right lower extremity going into the leg. He had paraspinous spasms, reduced lumbar range of motion, intact strength and sensation, and an antalgic gait favoring the right lower extremity. Positive straight leg raising of 30 degrees on the right was noted, with right side notch tenderness. The work-up had included an MRI scan, which showed normal alignment and a lateral disc protrusion at L4-5, outside the foramen, possibly affecting the fourth nerve root. A Myelogram CT scan showed a 4 to 5 mm offset at L5-S1, with no spondylolisthesis. A discogram showed degenerated discs at L4-5 and L5-S1 with an annular fissure, but there was no record of provocative or antalgic discography being done. There was a 1 mm offset of L5-S1 along with pars defects, and no spondylolisthesis. An electromyogram (EMG) was abnormal in several regards, showing signs of denervation in the bilateral medial gastrocnemius, anterior tibialis at L5 and S1 paraspinous rami. There were other abnormalities, with motor studies showing prolonged latency in the left peroneal nerve at the ankle. There were sensory abnormalities involving the right sural nerve and bilateral saphenous nerves

with intact H waves. The study suggested an L5-S1 radiculopathy involving nerve roots L5 and S1 bilaterally, most severe on the right. The nerve conduction findings suggested that possible compression of the left peroneal nerve at the ankle and possible saphenous and sural nerve evidence of peripheral neuropathy. Conservative care with physical therapy and a TENS unit has been done. There was no record of flexion and extension films having been done, but on one of the studies (MRI or CT scan), a spondylolisthesis was suggested of 4 to 5 mm, and the inference was that this was unstable in that other studies showed only 1 mm of offset or none. Nonetheless, the reviewer thinks further workup is in order before undertaking surgery on this patient. He is a cigarette smoker. The EMG should be evaluated by a medical neurologist with a neurology consultation. Flexion extension X-rays should be done using the same techniques to document instability if present. Psychosocial evaluation should be done in accordance with the ACOEM Guidelines, Chapter 12 and WINNS Text Book of Neuro-Surgery and Benzel's Text Book of Spinal Surgery. Lastly, it is equivocal whether discography is an accurate predictor of surgical outcomes. The disc protrusion at L4-5 that was far lateral which should affect the right L4 nerve root, which, according to the EMG, did not. It was not stated precisely where the pain radiating into the right leg was, but the reviewer presumes it is not in the L4 distribution. If the patient does come to fusion after the aforementioned studies, clearly, L5-S1 would be indicated. However, because of the degeneration present at L4-5, at the time of surgery, consideration for doing the L4-5 level may be given.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- X ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE (Chapter 12).
- 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 AND 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).

Youman's Textbook of Neurosurgery, 5th Edition, 2004.

Spine Surgery: Techniques, Complication Avoidance and Management, 1999, by Ed Benzel MD.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.