



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: 08/10/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Left L4-L5 nerve root decompression with two day stay.

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

Texas License and currently on TDI DWC ADL.
Board Certified Neurosurgeon

REVIEW OUTCOME:

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. MRI of the lumbar spine dated 12/14/06.
2. Medical records of Dr. 12/28/06 – 06/21/07.
3. Medical records of Dr. 01/05/07 – 05/09/07.
4. MRI of the lumbar spine dated 02/15/07.
5. Medical records of Dr. 02/26/07 – 03/08/07.
6. Designated Doctor Evaluation by Dr. dated 04/02/07.
7. Report of lumbar myelography dated 04/17/07.
8. Procedure reports.
9. Independent Medical Evaluation dated 06/05/07.
10. Carrier correspondence.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The claimant sustained an injury to her low back. The claimant was picking up coin bags at work and putting them in a coin machine when she began to experience severe low back pain with radiation to the left great toe.

The claimant was referred for MRI of the lumbar spine. This study revealed a mild protrusion of the L4-L5 disc into the left neural foramen possibly mildly impinging upon the left L4 nerve root and mild bilateral facet arthropathy at L5-S1.

Upon physical examination, the claimant was reported to have fairly marked spasm and tenderness. Straight leg raising was full on the right but markedly impaired on the left with a positive ankle dorsiflexion and bowstring sign. Deep tendon reflexes were equal and symmetric. The claimant had full painless range of motion of the hip. There was slight weakness in the EHL on the left as compared to the right. The claimant had some diminished sensation in the left L5 dermatome. The claimant was recommended to undergo an immediate lumbar epidural steroid injection.

The claimant underwent a lumbar epidural steroid injection on 01/05/07 and was reported to have some relief with the initial injection, and a second injection was performed on 01/19/07.

When seen in follow-up on 02/01/07, the claimant was reported to have improved range of motion; however, she reported experiencing continued pain with numbness down her legs. A third epidural steroid injection was given on that date.

The claimant was again referred for an MRI of the lumbar spine on 02/15/07. This study reported a 1-2 mm degenerative retrolisthesis at L4-L5 with mild to moderate bilateral facet hypertrophy and mild ligamentum flavum thickening. The neural foramina were mildly narrowed, left greater than right. At L5-S1, there was mild asymmetric disc bulging toward the right without a focal protrusion identified. Mild bilateral facet hypertrophy was present, right slightly greater than left. The right foramen was very mildly narrowed.

The claimant was referred to Dr. on 02/26/07. Dr. discussed the claimant's imaging studies. Upon physical examination, Dr. noted that motor strength was 5/5 in the arms and legs symmetrically without atrophy or fasciculations. Tone was normal in all four extremities. The claimant had diffuse give-way weakness with one finger resistance only in both legs which was not organic. Reflexes were 2/4 and symmetric. Sensory examination revealed patchy decrease to pinprick in both legs diffusely with no stocking or glove sensory loss present. The claimant's gait was completely unremarkable. Sitting straight leg raising bilaterally in the supine position at 40 degrees was negative. Dr. opined that the claimant had low back pain without objective evidence of a surgical lesion, and that there may be some symptom magnification. Dr. recommended that the claimant return for full EMG/NCV studies of the lumbar spine and both lower extremities. A serial note indicated that these tests were performed and reported as negative by Dr.

A clinical note dated 04/17/07 indicated that the claimant continued to experience severe left sided leg pain when she was up or sitting. Extension maneuvers tended to aggravate it. The claimant had previously undergone a CT myelogram, which suggested some foraminal narrowing at the L4-L5 and L5-S1 levels. There was no specific nerve lesion identified. The claimant had some small disc herniation, but more so on the right than on the left at the L4-L5 level. Post procedurally, the claimant was reported to have markedly increased back pain as well as headaches. She was prescribed a Medrol Dosepak and recommended to have nerve root blocks.

A clinic note dated 05/24/07 indicated that the claimant had undergone a left L4 nerve root block which gave her some relief of pain. The claimant still appeared to experience pain in the L5 distribution going to the top of her foot in the first web space. Further clinical notes indicate the claimant underwent additional L4 and L5 nerve root blocks.

The claimant underwent an Independent Medical Evaluation (IME) on 06/05/07. At that time, Dr. found that the claimant had a diagnosis of lumbago and found that she had received grossly excessive treatment. Dr. noted that the claimant had never undergone any physical therapy or home exercise program.

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

At the present time, the claimant has not met the requirement of completing conservative care. There was no indication from the available medical record that the claimant has undergone any form of physical therapy and/or a home exercise program. I would also note that the claimant has undergone multiple examinations, and the documented examinations were equivocal. The claimant has been reported to have significant left lower extremity symptoms on one examination, and a second examiner did not report the same findings. It was further noted that the claimant underwent an IME, and it was believed that she exhibited some degree of symptom magnification which would necessitate the performance of a preoperative psychological screening to rule out other issues.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

1. The *Official Disability Guidelines*, 11th edition, The Work Loss Data Institute.
2. The *American College of Occupational and Environmental Medicine Guidelines*. Chapter 12.