

True Resolutions Inc.

An Independent Review Organization

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Amended 8/29/07

DATE OF REVIEW:

8/24/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Spinal Surgery (LOS)

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

Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

7-25-6 PT note 8-8-6, MD, 8-15-6, MD 8-21-6

MD8-29-06 9-1-6 11-6-6

HealthCare, DC11-8-6 Utilization Review11-17-6

Diagnostic. Left and right Knee XR 11-17-6 MRI knee1 1-29-6 MRI lumbar 12-1-6

MD 12-20-06 FCE 1-8-7 MD 1-23-7 Op Note. A/A by Dr. 2-1-7 3-7-7, MD 3-26-07

letter of Utilization Review Determination. Peer reviewer, 4-26-07 letter of Adverse Determination 7-31-7 Letter

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained an on the job injury when she slipped and fell on a wet floor. Her initial complaints were of back, neck and entire body pain. She had nonsurgical care including physical therapy, NSAID's, and narcotic analgesics. A later request for an epidural steroid injection was denied. Dr. examined her and found no physical exam findings of a neurological deficit. On two occasions, he documented significant evidence of hysterical and inappropriate behavior. Subsequently, she was followed by a chiropractor who referred her to an orthopedic surgeon. He recorded no sciatica symptoms and his examinations documented no neurological findings. His MRI interpretation was of herniated discs at L45 and L5S1, but he

documented no nerve root compression. The radiologist's report of 11-29-06 documented a focal midline protrusion at L45 and a central disc bulge at L5S1 with mild foraminal stenosis, but did not conclude that there was nerve root impingement at any level. The other discs were normal. Her complaints were of low back pain and hip pain. He performed no standing Xrays and documented no instability of the spine. He recommended provocative discography and a plasma disc decompression, and stated that, if approved, this recommendation would avoid any future larger operations such as disc replacement or fusion surgery.

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

A lumbar discectomy, regardless of technique, is performed for a diagnosis of herniated disc for patients who complain of the following: sciatica symptoms (radicular pain, dermatomal numbness, and weakness) that are corroborated by both physical exam findings and corresponding imaging findings of a herniated disc that is causing specific nerve root compression. This patient has no complaints of sciatica, nor did she have appropriate physical exam findings of a lumbar radiculopathy as documented by several healthcare providers. Her complaint of hip pain was probably referred pain from the lower back rather than radicular pain because of the absence of root tension signs that reproduced buttock pain. Additionally, there is no literature to support a lumbar discectomy for treatment of axial back pain. References: any textbook of low back pain, e.g., Low Back Pain, Borenstein and Wiesel.

The most recent published literature review of lumbar discectomy interventions for lumbar herniations (Gibson, JN; Waddell, Gordon; Surgical Interventions for Lumbar Disc Prolapse: Updated Cochrane Review; Spine: Volume 43, 15 July 2007; pp 1735-1747) concluded that techniques other than microdiscectomy, including coblation therapy (plasma disc decompression), should be regarded as research techniques because of the lack of peer reviewed literature to support it. There are no randomized control trials studying the efficacy of cobalation therapy of lumbar disc herniations.

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 KNOWLEDGEBASE
- 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 LISTED ABOVE
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)