



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 12/28/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The service under dispute includes a lumbar laminectomy with a fusion with instrumentation at L4/5 and L5/S1.

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

The reviewing physician is a board certified orthopedic surgeon who has been a practicing physician for greater than 15 years.

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)

The reviewer agrees with the previous adverse determination in it's entirety.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Dr. and

These records consist of the following (duplicate records are only listed from one source): Records from Doctor/Facility: MRI report-5/30/06; Orthopaedic Center notes-6/15/06 – 11/16/07, Operative report-10/3/06 & 3/27/07, EMG and NCV report-11/26/06, Imaging report-5/30/06, 1/8/07, 8/15/07, & 9/25/07, Work Status report-3/14/07; Medical Center surgical Pathology report-3/27/07; Plan of care-5/21/07; Dr. Impairment Rating report-7/17/07; various DWC-73 reports; and Operative report-9/25/07.

Records from Carrier/URA: Denial-11/5/07 & 11/26/07; Orthopaedic Center Work Comp Verification for Diagnostic/Surgical Procedures-11/16/07 & 10/31/07,

request for reconsideration-7/31/07; DDR Analysis-MMI-IR only-7/10/07; Lumbar Myelogram report-1/8/07.

We did not receive a copy of the ODG guidelines from the URA or carrier.

PATIENT CLINICAL HISTORY [SUMMARY]:

This xx year old male injured his low back on xx/xx/xx. This injury occurred while he was shoveling and twisted his back. The original complaint was low back with numbness in his right leg down to his foot.

Physical Examination on 6/15/2006 revealed sensation and strength 5/5, straight leg raise negative, tenderness in the lumbar spine, limited flexion of the lumbar spine, and able to walk on toes and heels.

An MRI on 5/30/2006 revealed a broad based L1-2 protruded disc effacing the conus medullaris and the proximal aspect of the left L1 nerve root. Also, there was a protruded disc at L4-5 without encroachment. ESI was performed on 10/3/2006 that gave temporary relief. The EMG on 11/29/2006 was reported as normal.

Patient continued to have pain in his low back radiating down his left leg all the way to his big toe. Patient had returned to work before 1/22/2007. Physical examination on 1/22/2007 reveals a positive straight leg raise on the left, slight weakness of the left EHL, no muscle spasm, sciatic notch not tender, and range of motion of the lumbar spine not restricted.

Diagnostic tests of 1/8/2007 were reviewed by the provider and showed there was a small to moderate degree of effacement of the subarachnoid space at L1-2. The myelogram/CT revealed a mild/moderate broad based PNP at L4-5 producing mild to moderate compression of the neural foramina.

On 3/27/2007 a surgical procedure was performed on the low back. Procedure was a lumbar laminectomy, lateral clearance, medial facetectomy, neuroforaminotomy, and partial disc excision left L4-5. Patient continues to have discomfort in the low back and left leg. A repeat MRI on 8/15/2007 reveals the L4-5 disc herniation has resolved and epidural fibrosis was noted.

EMG on 8/15/2007 was reported as normal. The discogram on 9/25/2007 revealed concordant pain at L4-5 and 5-S1. It should be noted that the patient first complained of pain and numbness in the right leg, but the symptoms changed to the left side, resulting in the surgery and the epidural fibrosis as reported in the provider's notes. Also, the patient has received ONLY one physical therapy visit following surgery.

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

This xx year old male has complaints of low back and left leg pain. Surgery was performed. Following surgery the MRI noted epidural fibrosis. Also, the patient had only ONE physical therapy session following surgery. MRI reveals resolution of the PNP, EMG normal, and the discogram causing pain at L4-5 and L5-S1.

ODG indications for surgery require either severe unilateral foot/toe/dorsiflexor weakness or atrophy, unilateral hip/lateral thigh/knee pain. Also, ODG states that conservative treatment should include activity modification, medications, physical therapy and/or manual therapy, and back school. This patient does not fit the criteria for surgery. Therefore, the surgery is not found to be medically necessary at this time.

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
(PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**