



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: December 16, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left L4-5 transforaminal neuroplasty.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

The reviewer is duly licensed in the State of Texas. The reviewer has completed an Anesthesiology residency followed by a Fellowship in Pain Management, and is Board Certified in Anesthesiology with certificate of added qualifications in Pain Medicine. The reviewer has 20 years of experience in the specialty of Chronic Pain Management.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Progress notes of Dr. from 12/27/2006, 10/29/2007.
2. Medical records of Dr. from June 7, 2007.
3. Reports of physician advisors dated 11/02/2007 and 11/14/2007.

ODG Guidelines were presented for review.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

According to the medical records provided for my review, this claimant was allegedly injured while pulling totes on a floor jack, straining her hip and leg. According to the Independent Medical Evaluation by Dr., an MRI was performed in 07/2006, demonstrating mild spondylosis and disc degeneration at the L4-5 level with a broad-

based disc protrusion effacing the exiting nerve root. Mild disc bulges were also noted at L2-3, L3-4 and L5-S1. The claimant underwent a far left lateral discectomy at L4-5 on 08/04/2006 by Dr. followed by laminectomy for reexploration of the L4-5 disc on 08/31/2006 secondary to wound dehiscence and disc reherniation. Another lumbar MRI was performed two weeks later, on 09/04/2006, demonstrating a fluid collection behind the L4-5 disc. The claimant was admitted to the hospital due to repeated wound dehiscence undergoing wound revision on 09/14/2006, remaining in the hospital for six more days. She had several emergency room visits thereafter. Another lumbar MRI was performed on 11/12/2006, demonstrating enhancing scar tissue anterior and lateral to the L4-5 thecal sac, but no recurrent disc herniation. On 11/14/2006, the claimant underwent left L4 transforaminal neuroplasty by Dr. reporting back and left leg numbness on 11/19/2006, when she was readmitted to the hospital for an additional eight days. Another lumbar MRI was performed on 11/29/2006 showing no acute disc or recurrent disc herniation, but the same enhancement of the thecal sac unchanged from the previous MRI. The claimant was again seen in the emergency room several more times complaining of back and leg pain through December. She was seen again in the emergency room on 12/12/2006, 12/17/2006, 12/21/2006, and 12/26/2006, complaining of lumbar pain and demonstrating medication noncompliance. On 12/27/2006, the claimant returned to Dr. who documented her ongoing pain in the low back radiating down the left leg with a pain level of 6/10. Dr. noted the claimant was taking OxyContin 20 mg b.i.d., Lyrica 50 mg t.i.d., Dilaudid 4 mg 4 per day, morphine sulfate 30 mg every 8 hours, as well as metformin, promethazine, cephalexin and tizanidine, a muscle relaxant. Physical examination was documented as entirely normal. Nevertheless, Dr. recommended that the claimant have continuation of her medication regimen stating that she had "60% improvement in pain" following the most recent procedure, despite the clear documentation of multiple emergency room visits with significant pain complaints. On 01/29/2007, yet another lumbar MRI was performed demonstrating the same postoperative changes and a focal left disc protrusion at L4-5. A large amount of enhancing scar and granulation tissue was also noted abutting the exiting left L4 nerve root. EMG study was performed on 01/10/2007, showing left L5 radiculopathy and diabetic peripheral neuropathy. The claimant continued multiple frequent emergency room visits on 01/17/2007 and 01/29/2007. She was seen again by Dr. the operating surgeon, on 02/05/2007. She was seen by Dr. on 03/26/2007, who noted her continuing use of metformin, Lyrica, Dilaudid, tizanidine, cephalexin, morphine and promethazine. Neurologic exam was entirely normal. Dr. performed an Independent Peer Review of the medical records on 06/07/2007, reviewing all of the records to date. She urged weaning of the claimant's narcotic prescription medications given her "drug seeking behavior and symptom magnification which has been noted in the records." She also stated that there were "no indications" for any further neuroplasty, as the previous procedures had not resulted in decreasing the claimant's pain level, improving her functional status or allowing her to decrease her narcotic intake. She recommended no further office visits other than weaning her from prescription medications. The claimant returned to Dr. on 10/29/2007 complaining of increased left lower back and leg pain with a pain level of 10/10. The claimant was still taking Lyrica, now 100 mg t.i.d., Dilaudid 4 mg q.i.d. and morphine 30 mg every 8 hours. She was also taking cephalexin, metformin and promethazine. Physical examination documented normal reflexes, but decreased

sensation in the left L4-5 distribution. There was full active range of motion of the lumbar spine and normal muscle strength noted in all muscles of the lower extremities. Dr. recommended that the claimant undergo left L4-5 transforaminal neuroplasty for her “new onset of leg weakness” and also “onset of left foot drop.” No documentation of such findings, however, was in Dr.s note. Two separate physician advisors then reviewed the requested procedure, both of whom recommended against authorization of the procedure.

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

Despite Dr.’s assertion that the claimant had “new onset of leg weakness” and “onset of left foot drop” in his progress note of 10/29/2007, he did not document any such findings. In fact, he documented normal 5/5 muscle strength in all of the muscles of both lower extremities, as well as normal reflexes and decreased sensation in the left L4-5 distribution, which was nothing new. Also, despite Dr.’s assertion that the claimant had 60% improvement in pain from previous identical procedures, the medical records clearly demonstrate otherwise, with the claimant being seen frequently in the emergency room following left L4-5 transforaminal neuroplasty on 11/14/2006, clearly indicating that she did not obtain any significant benefit from the procedure, much less the alleged “60%.” Her pain complaint and pain level remained the same following the injection as it was before, and she continued to have stable MRI evidence of no acute or recurrent disc herniation despite there being epidural fibrosis anterior to the thecal sac at L4-5. Transforaminal injections are indicated for treatment of focal foraminal disc herniations producing nerve root compression. This indication is not, however, present in this case and, therefore, the requested procedure does not meet ODG criteria. Moreover, given the clear documented lack of significant clinical improvement from a previous identical procedure, there is even further lack of medical reason or necessity for authorizing this procedure. Therefore, for all of the reasons described above, including the lack of clinical benefit, lack of functional improvement, lack of decrease in narcotic intake, lack of indicated pathology, and frequent emergency room visits for the same pain complaint as was present before the previous identical procedure, the recommended non-authorization of this procedure is upheld. There is no medical reason or necessity for left L4 or L5 transforaminal neuroplasty.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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.
- X Medical judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)