



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 7/20/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The service under dispute is a right L1/L2 hemilaminectomy foraminotomy.

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

The reviewer is a board certified orthopedic surgeon with greater than 20 years of experience.

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 disagrees with the previous adverse determination regarding all services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the requesting doctor, patient and from the carrier.

Records from Doctors/Facilities:

MD, Report: 6/12/2007.

MD, Report: 4/11/2007.

EMG: 4/19/2007.

Joint Hospital, Myelo/CT: 1/4/2007.

ESI: 2/27/2007.

Treatment Center, Report: 3/20/2007.

Add'l Records from Carrier:

Letters: 6/18, 6/27 & 7/6/2007.
Records from Pt:
Letter: 6/15/2007.

PATIENT CLINICAL HISTORY [SUMMARY]:

This male gives a history of three prior back surgeries. The multiple surgeries have resulted in anterior and posterior fusions of L3-4, 4-5, and 5-S1. Patient was injured on xx/xx/xxxx. He was a truck driver involved in a head-on collision and was wearing his seatbelt. Patient's complaint is pain in the mid-lumbar region radiating to the right hip and to the right groin and testicle. Pain is made worse with sitting too long and when walking.

Physical examination reveals the lumbar range of motion to have poor segmental mobility, limitation of extension due to pain, myofascial spasm and tenderness on the right, tender spinous process at L3-4, straight leg raise negative and diminished sensation of the L5-S1 nerve roots.

Patient has been treated with physical therapy, medications, and two ESIs. He continues to have the low back pain radiating into the right hip, right groin, and testicle. CT Scan and Myelogram on 01/04/2007 reveal a diffuse disc bulge at L1-2 with ventral indentation of the thecal sac, solid appearing fusion from L3-S1. EMG of 04/19/2007 was unremarkable for the lower extremities; however, the EMG did not test the lumbar paraspinals.

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

This male has low back pain with radicular symptoms radiating to the right groin and testicle. Patient has failed conservative care. The patient has a fused back from L3-S1 and the area for possible pathology would be the level above the fusion. Patient has a bulging disc at L1-2 indenting the thecal sac.

Surgical discectomy for carefully selected patients with radiculopathy due to lumbar disc prolapse provides faster relief from the acute attack than conservative management, although any positive or negative effects on the lifetime natural history of the underlying disc disease are still unclear.

From the ODG Guidelines, the standard discectomy and microdiscectomy are of similar efficacy in the treatment of herniated discs. The SPORT studies concluded that both lumbar discectomy and non-operative treatment resulted in substantial improvement after two years, but those who chose discectomy reported somewhat greater improvements than patients who elected the non-operative care, (Weinstein 2006).

ODG Guidelines do not have reference for an L1-2 discectomy; however, for the L3 nerve root compression surgery would require one of the following: Severe unilateral quadriceps weakness/mild atrophy, Mild to moderate unilateral quadriceps weakness, Unilateral hip/thigh/knee pain. This patient has radicular

symptoms radiating into the right groin and testicle that has not responded to conservative care and fits the criteria for surgery.

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) Rothman and Simeon: The Spine, 4th Edition.

Bradford and Zdeblick: Master's Techniques in Orthopedic Surgery: The Spine, 2nd Edition.

An: Principles and Techniques of Spine Surgery.