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DATE OF REVIEW: July 10, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Microscopic decompression discectomy, L4-5

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

American Academy

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

Medical records from the Carrier include:

- Employer's First Report of Injury or Illness, xx/xx/xx
- Centers, M.D., 06/13/05, 06/16/05, 06/16/05, 06/17/05, 06/21/05, 06/24/05, 10/13/05, 10/18/05, 10/21/05
- Centers, P.T., 06/10/05, 06/13/05, 06/14/05, 06/16/05, 06/20/05, 06/21/05, 10/14/05, 10/17/05, 11/17/05, 11/21/05
- Centers, P.T., 06/15/05
- D.O., 11/09/05, 12/21/05, 01/12/06, 02/15/06, 02/21/06, 04/18/06, 05/05/06, 05/16/06, 08/26/06, 09/06/06, 03/06/07, 07/17/06
- Center, M.D., 05/12/06,
- Clinic, P.A., M.D., 04/12/07, 05/01/07, 05/24/07, 07/17/06
- M.D., 06/04/07
- M.D., 10/14/05
- Center, 04/26/07, 05/21/07, 05/22/07

Medical records from the Requestor include:

- M.D., 05/11/07 & 06/04/07

PATIENT CLINICAL HISTORY:

The information provided from indicates that the treating physician in this case is, D.C. Dr. has diagnosed a herniated disc at L4-5 and right lower extremity S1 radiculopathy. Dr. notes a depressed right Achilles reflex on the right side that correlates with the CT myelogram study.

The available medical records for review begin with an Employer's First Report of Injury or Illness describing the patient to be employed as a material handler with.

An initial encounter with Centers on xx/xx/xx, three days following the work injury in question, indicates that the patient injured his lower back while lifting a door ramp, resulting in pain in the lower back. The initial physical examination noted equal straight leg testing. There was no specific neuromuscular sensory deficit in the lower extremities.

A pain management examination with, D.O. describes equal lower extremity reflexes, normal lower extremity strength, and intact sensation in his evaluation of November 9, 2005. There was positive seated straight leg testing on the right.

An MRI of the lumbar spine from October 14, 2005 reveals multilevel degenerative disc changes; a small left protrusion at L3-4 that encroaches the left neural foramina, however, no nerve root impingement; and disc space narrowing at L4-5 and a right lateralized extruded disc fragment, resulting in severe right neuroforaminal stenosis and L4 nerve root impingement.

Clinic becomes involved on April 12, 2007, with an initial visit revealing low back and right lower extremity pain that radiates to the foot, with the bottom of the foot feeling cold and burning. The patient failed to improve with medications, time, and epidural steroid injections.

There is repeat MRI of the lumbar spine from April 26, 2007 revealing multilevel degenerative change, however, nothing specific at L4-5. There was a broad-based right foraminal disc protrusion at L5-S1, causing mild-to-moderate stenosis of the canal and right neuroforaminal area. The S1 is described as partially lumbarized; there may be differences of description between L4-5 and L5-S1 in this case as the result when comparing old and newer MRI radiology reports.

A follow-up note by Dr. at the Clinic on May 1, 2007, resulted in a recommendation for microdiscectomy with failure of extensive conservative care including injections, physical therapy, tincture of time, and medications.

There is a required medical evaluation by, M.D., on May 12, 2006, revealing lower back and right lower extremity radiating radiculopathy. Dr. is a broad certified who notes prior conservative care with physical therapy and epidural steroid injections. Dr. physical examination reveals equal and normal reflexes bilaterally, including Achilles reflexes. There is no differential atrophy in the right leg or calf.

There is CT scan radiology report of the lumbar spine from May 21, 2007 confirming significant right paramedian disc protrusion at L5-S1, compressing the right S1 nerve root and nonfilling of the right S1 nerve root sleeve, in association with mild spinal canal stenosis.

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

I agree with the recommendation for a surgical microdiscectomy as described by Dr. in his report of May 1, 2007, from the Clinic.

The patient has failed conservative care. He is no longer able to work as of February of 2007. He has objective findings of progressive radiculopathy with a diminished Achilles reflex in the right ankle, in association with pain and burning in the sole of the right foot, with the physical findings in this regard correlating with the most recent MRI study and CT myelogram study performed on April 26, 2007 and May 21, 2007, as noted above.

This opinion is in conjunction with the ODG Guidelines that state progressive pain and failure to improve with conservative measures and objective findings on physical examination to confirm radiculopathy, all of which correlate with the abnormal MRI and CT myelogram study that a surgical microdiscectomy performed by surgical spine specialist stands almost a 90% chance for improvement and excellent functional result.

It is my opinion that the differences in the radiology reports from 2005 and 2007 have to do with the variation in anatomy described at L5 and S1, with a lumbarized sacral segment. This often makes it difficult to decide which is the lowest functional segment, and sometimes the L4-5 and L5-S1 are confused or differently noted by the radiologist as a result. In my opinion, the MRI studies in question, 2005 and 2007, the CT myelogram of May 11, 2007, and the history/physical findings in this case all correlate, and I disagree with the adverse necessity opinion previously submitted.

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)