

MATUTECH, INC.

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DATE OF REVIEW: July 5, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Laminectomy/decompression at L4-L5 on the right with discectomy/foraminotomy (63030)

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

The physician providing this review is an orthopedic surgeon. The reviewer is national board certified in orthopedic surgery. The reviewer is a member of the American Society for Surgery of the Hand, the American Academy of Orthopedic Surgeons and the Orthopedic Trauma Association. The reviewer has been in active practice for six years.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

After reviewing the medical records provided, it is this reviewer's opinion that the need for the surgical treatment recommended by the treating surgeon has not been adequately substantiated. This reviewer agrees with previous reviewers that previous physical exams have not included specific information regarding the amount of leg pain that Ms. is experiencing. Further, the ESI's, electrodiagnostics and provocative testing has been negative. There is not enough evidence in the medical record to indicate that the surgery that the treating physician proposes is necessary or appropriate. Based on the MRI findings, physical findings and negative findings from testing noted above, this reviewer is concerned that Ms. pain may be discogenic rather than radicular. The surgery that is been recommended would not address this problem. For these reasons, this reviewer agrees with previous reviewers and recommends the adverse determination be upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Insurance

- Utilization reviews (05/01/07 & 05/22/07)
- Office notes (xx/xx/xx – 05/29/07)
- Therapy notes (xx/xx/xx – 01/03/07)
- Radiodiagnostic and electrodiagnostics (01/04/07)
- Procedures, lumbar ESIs (02/08/07 & 03/08/07)
- DDE (04/16/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who fell from a one-foot high wheeled cart and landed flat on her back on the cement floor.

On xx/xx/xx, M.D., evaluated the patient for pain in the low back, neck, and right groin. The patient had a low back injury xx years ago that had been treated with chiropractic therapy with complete resolution of her symptoms. Dr. reviewed x-rays that revealed a little lipping at L3-L4 and L4-L5. He assessed strain of the cervical and lumbar spine as well as the right inguinal ligament and prescribed Anaprox and Flexeril. He released the patient to light duty. The patient attended physical therapy (PT) at Concentra consisting of electrical stimulation and therapeutic exercises.

D.C., assessed possible hip strain and recommended a lumbar corset and a transcutaneous electrical nerve stimulation (TENS) unit. He treated the patient with chiropractic therapy.

In 2007, magnetic resonance imaging (MRI) of the lumbar spine revealed: (a) A 1.5-mm broad-based disc bulge with a right lateral recess and neural foraminal stenosis at L4-L5, a minor disc bulge at L2-L3, and disc desiccation from L2-L3 through L5-S1. MRI of the cervical spine revealed mild disc bulges with bilateral neural foraminal stenosis from C4-C5 through C6-C7 and disc desiccation from C2-C3 through C6-C7. M.D., a pain specialist, assessed lumbar internal disc derangement, cervical radiculopathy, and cervical herniated nucleus pulposus (HNP) and performed ESIs at right L4-L5 on two occasions. Electrodiagnostic studies of the lower extremities were unremarkable.

M.D., a designated doctor, opined that the patient was not at maximum medical improvement (MMI) and anticipated MMI in six months. He recommended light duty. M.D., a spine surgeon, evaluated the patient for low back and right leg pain. He noted that the patient had not improved with the ESIs and over 16 weeks of therapy. Examination was within normal limits. Dr. recommended surgical intervention in the form of laminectomy and decompression at the right L4-L5 with lateral recess decompression and discectomy due to failed conservative measures.

On May 1, 2007, M.D., denied the request for lumbar laminectomy with cryotherapy and an LSO brace. Rationale: *Dr. described no clinical evidence of radiculopathy on the right at L5 or S1.*

On May 22, 2007, M.D., denied the request for reconsideration of lumbar surgery. Rationale: *The electrodiagnostic studies in January 2007 did not show any radiculopathy. A physical examination in April 2007 showed negative straight leg raise (SLR) and normal neurological testing. Despite imaging studies suggesting nerve compression, there was little evidence peripherally both by physical examination and neurophysiological testing that this was clinically evident. Additional information suggested ESIs were attempted and failed as well. The patient appeared to be a poor candidate for the requested lumbar surgery and it would not be beneficial for relieving the leg pain.*

On May 29, 2007, Dr. stated that he had specifically recommended a laminectomy and discectomy at the L4-L5 level on the right for complaints of leg pain, as this was a result of a combination of disc herniation and recess stenosis.

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

After reviewing the medical records provided, it is this reviewer's opinion that the need for the surgical treatment recommended by the treating surgeon has not been adequately substantiated. This reviewer agrees with previous reviewers that previous physical exams have not included specific information regarding the amount of leg pain that Ms. is experiencing. Further, the ESI's, electrodiagnostics and provocative testing have been negative. There is not enough evidence in the medical record to indicate that the surgery that the treating physician proposes is necessary or appropriate. Based on the MRI findings, physical findings and negative findings from testing noted above, this reviewer is concerned that Ms. pain may be discogenic rather than radicular. The surgery that is been recommended would not address this problem. For these reasons, this reviewer agrees with previous reviewers and recommends the adverse determination be upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

The guidelines utilized in arriving at recommendations for this case are based on well established standards recognized within the orthopedic community and supported by professional literature, training standards and experience. Additional referencing is taken from the ODG Guidelines: <http://www.odg-twc.com>