

True Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW: July 25, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left posterior discectomy L4-L5

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

Board Certified Orthopedic Surgeon

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

Office notes, Dr. 02/14/06, 06/06/06, 07/12/06, 08/04/06, 08/16/06, 08/28/06, 09/13/06, 05/07/07 and 06/20/07

Lumbar spine MRI, 04/13/07 and 05/11/07

Operative report, 05/19/06 and 12/20/06

MRI with and without contrast, 08/24/06

Note, 10/25/06

Office notes, Dr. 11/02/06, 12/13/06 01/03/07, 02/01/07, 05/17/07 and 06/26/07

X-ray, 03/19/07

Physical therapy note, 03/20/07 and 04/10/07

Office note, Dr. 05/15/07

peer review, Dr. 05/25/07

Message noted, 05/07/07, 05/22/07 and 05/29/07

peer review, Dr. 06/01/07

Laboratory results, 06/06/07

Peer review, Dr. 06/18/07

Peer review, Dr. 06/28/07

Letter from claimant, undated

notes, 05/12/06, 07/18/06, 08/16/06, 08/29/06, 09/26/06, 11/09/06 and 06/19/07
Intra-operative monitoring, 05/19/07
Prescriptions, 06/20/07, 04/03/07 and 05/29/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male injured. He had back and left leg pain although the 02/14/06 examination with Dr. showed that there was normal strength, sensation and reflexes. An MRI on 04/13/06 documented an L4-5 and L5-S1 large left paracentral posterior protrusion of the disc which obliterated the left lateral recess. There was no central stenosis. The neural foramen were patent bilaterally and the facets were normal. On 05/19/06 he had left hemilaminectomy and discectomy L4-5 and L5-S1.

Records indicated that the claimant did well with resolution of back and leg pain until 08/06 when he was in therapy and again developed pain. The 08/24/06 MRI showed post op changes of the lower lumbar spine. There was a small focus of non-enhancing soft tissue at left L4-5 that was worrisome for a small herniated disc fragment with mass effect on the left anterolateral aspect of the thecal sac and proximal left L5 nerve root. No recurrent herniation was seen at L5-S1.

The claimant saw Dr. on 11/02/06 for back and left flank pain. On examination there was normal strength and sensation. Dr. reviewed the MRI and recommended surgery. On 12/20/06 the claimant had a repeat bilateral L4-5 hemilaminectomy, medical facetectomy and L4-5 discectomy with excision of scar. In early 2007 the claimant reported that symptoms were improving from the pre-operative level. X-rays of the lumbar spine dated 03/19/07 showed degenerative disc disease at L4-5 and L5-S1 with postoperative changes at those levels. On 04/03/07 the claimant reported that he still had occasional pain to the left hip. Therapy was recommended.

By 05/07/07 the claimant saw Dr. reporting new left lower extremity pain that was worse than preoperatively. On examination straight leg raise was positive for radicular pain. A 05/11/07 MRI showed laminotomies at left L4-5 and L5-S1 with a larger herniation of disc material at left L4-5 as well as slight narrowing of the intervertebral space. There was peripheral enhancement of disc material as well as material along endplates and other findings worrisome for discitis. The herniation indented the thecal sac and caused greater deformity on the sac than on the previous study but did not create stenosis. Dr. saw the claimant for MMI on 05/15/07. He noted that the claimant reported pain that was 10/10 and radiated into the left lower extremity. On examination he was able to toe and heel walk and to stand on one leg. Sensation was slightly diminished. Dr.'s impression was failed back and he did not feel the claimant had reached MMI. On 05/17/07 Dr. recommended further surgery. This was denied on peer review as discitis had not been ruled out and a lack of physical examination findings. Labs were then done with the SED rate being normal and the CRP slightly elevated. On 06/26/07 Dr. noted he felt the MRI showed an L4-5 filling defect. The claimant reported that he had pain so severe that he could not walk more than 10 feet without low back pain into the left hip and calf. The claimant also reported that he had numbness of the entire left leg. On examination there was weakness of dorsiflexion on the left. Surgery was again recommended and denied. A dispute resolution has been requested.

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

A computer disc has been made available containing the May 11, 2007 MRI of the lumbar spine. The studies very clearly reveal a sizeable recurrent herniation at the L4-5 level. As such, the Reviewer would agree with the radiologist's interpretations and the treating physician interpretation's of this study.

This claimant certainly continues to present with residual left lower extremity complaints. Dr. has clearly documented some dorsiflexion weakness on the left consistent with L5 involvement. The MRI which the Reviewer has reviewed above confirms a lateralizing recurrent disc herniation which does indeed appear to be compressing the nerve root. Symptoms have now been present for quite some time. It does not appear that these symptoms are improving from conservative care including time. Physical therapy is non useful in the management of a large herniation. From a psychological screening standpoint, clearly two prior surgeries have been approved in this claimant who now has a recurrent disc herniation.

Based on all of the above, the Reviewer's medical assessment is that this patient is a candidate for discectomy at L4-5. A 2 day inpatient stay should not be needed. A one day inpatient stay should be satisfactory. When one turns closely to the ODG guidelines, there is dorsiflexion weakness satisfying the physical finding criterion. There is definitely MRI imaging support for this weakness in the form a large recurrent disc herniation. It would appear that this claimant is failing conservative care. As outlined above, the physical therapist does not need to teach a home exercise program before the surgery and physical therapy does not treat a large recurrent disc herniation. This patient has not had any psychological contraindications to his first two surgeries and now has a complication of those surgeries, a large recurrent disc herniation, which would benefit from surgical care.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates

ODG Indications for SurgeryTM -- Discectomy/laminectomy --

Required symptoms/findings; imaging studies; & conservative treatments below:

- I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Findings require ONE of the following:
 - A. L3 nerve root compression, requiring ONE of the following:
 1. Severe unilateral quadriceps weakness/mild atrophy
 2. Mild-to-moderate unilateral quadriceps weakness
 3. Unilateral hip/thigh/knee pain
 - B. L4 nerve root compression, requiring ONE of the following:
 1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy
 2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness
 3. Unilateral hip/thigh/knee/medial pain
 - C. L5 nerve root compression, requiring ONE of the following:
 1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
 2. Mild-to-moderate foot/toe/dorsiflexor weakness
 3. Unilateral hip/lateral thigh/knee pain
 - D. S1 nerve root compression, requiring ONE of the following:
 1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy
 2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness
 3. Unilateral buttock/posterior thigh/calf pain

(EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if

radiculopathy is already clinically obvious.)

II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings

on radiologic evaluation and physical exam findings:

- A. Nerve root compression (L3, L4, L5, or S1)
- B. Lateral disc rupture
- C. Lateral recess stenosis

Diagnostic imaging modalities, requiring ONE of the following:

- 1. [MR](#) imaging
- 2. [CT](#) scanning
- 3. [Myelography](#)
- 4. [CT myelography](#) & X-Ray

III. Conservative Treatments, requiring ALL of the following:

A. [Activity modification](#) after [patient education](#) (≥ 2 months)

B. Drug therapy, requiring at least ONE of the following:

- 1. [NSAID](#) drug therapy
- 2. Other analgesic therapy
- 3. [Muscle relaxants](#)
- 4. [Epidural Steroid Injection](#) (ESI)

C. Support provider referral, requiring at least ONE of the following:

- 1. [Manual therapy](#) (massage therapist or chiropractor)
- 2. [Physical therapy](#) (teach home exercise/stretching)
- 3. [Psychological screening](#) that could affect surgical outcome
- 4. [Back school](#) ([Fisher, 2004](#))

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)**