

# C-IRO, Inc.

An Independent Review Organization  
7301 Ranch Rd 620 N, Suite 155-199  
Austin, TX 78726

**DATE OF REVIEW:**

JULY 23, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Lumbar laminectomy L4-5

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

M.D., 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Left leg x-rays, xx/xx/xx  
Spot views left leg, 04/24/05  
Note, 05/02/05  
Office notes, Dr., 12/30/05, 01/13/06, 02/08/06, 03/08/06, 04/24/06, 02/16/07, 03/29/07, 04/13/07 04/17/07 and 04/27/07  
Lumbar spine MRI, 04/11/07  
EMG, 04/19/07  
Office notes, Dr., 05/03/07, 05/03/07 and 06/14/07  
Office note, Dr., 06/08/07  
Review, Dr., 06/26/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

HEALTH AND WC NETWORK CERTIFICATION & QA 9/27/2007  
IRO Decision/Report Template- WC

This is a male who is status post comminuted left tibia fibula fracture treated with open reduction internal fixation in xx/xx/xx. The claimant began treating with Dr. on 12/30/05 for severe leg pain. Exam findings revealed no neurologic deficits. Diagnosis was left leg pain and posttraumatic pain. On 01/13/06, the claimant reported increasing pain with activity. Exam findings were essentially unchanged with a normal gait and restricted movement of the left leg. Diagnosis was lumbar radiculitis. Norco and work restrictions of no lifting greater than 10lbs were recommended.

The claimant saw Dr. on 02/08/06 for complaints of increased pain with walking and one episode of dragging his left leg. Sensory was normal. Antalgic gait was noted. A lost left ankle patella reflex was noted. There was no change in the treatment recommendations. The claimant treated with Dr. on two more occasions, 03/08/06 and 04/24/06 for complaints of left leg pain. On 02/16/07, Dr. saw the claimant for left knee and shin pain and for a one year history of right knee pain on the medial side which was described as soreness. Exam findings revealed strength of 5/5 for four extremities, limited left foot range of motion with plantar and dorsiflexion, and unable to fully extend his foot. Gait was normal. Impression was right and left leg pain. Lexapro and over the counter medications were recommended. Dr. evaluated the claimant on 03/29/07 for a work lifting injury of 03/16/07. The claimant noted going to the emergency room following the work incident and being treated with injection and Flexeril. The claimant reported his primary care physician treated him with physical therapy for no relief. The claimant complained of right lower back pain with radiation down his right leg associated with numbness and weakness to the right lower extremity. It was described as an electric shock and worse with sitting. Examination revealed 5-/5 strength of the lower extremities. Impression was lumbar radiculopathy possibly secondary to herniated lumbar disc and nerve root compression of the lumbar area. An MRI, chiropractic treatment and pain medications were recommended.

The 04/11/07 MRI of the lumbar spine showed disc pathology at L3-4, L4-5 and L5-S1 disc levels with a 1 millimeter thickness enhancing epidural fibrosis along the posterior L4-5 disc margin. Dr. evaluated the claimant on 04/13/07. Examination was changed. It showed reduced sensation in the left lower extremity in the L4 and L5-S1 distribution, intact reflexes and difficulty with heel and toe walking. Diagnosis was lumbar radiculopathy. Continued working without restrictions was recommended as well as Celebrex and chiropractic care. On 04/17/07, Dr. recommended an electromyography which was performed on 04/19/07 and showed an acute L5 and S1 radiculopathy on the left. Dr. referred the claimant to Dr. on 04/27/07.

Dr. saw the claimant on 05/03/07. The claimant reported that on he picked up plywood and felt a pop in his back. Reportedly, since that time his pain has been worsening and was radiating down his left buttock to his leg ankle. There was numbness and tingling of the entire left foot and weakness of the left leg. The claimant noted mild improvement with pain medications and anti-inflammatory medications although physical therapy made him worse. Examination revealed a negative left straight leg raise, a positive straight leg raise that produced left sciatica, and motor of the left extensor hallucis was 4/5. There was also documentation that the left extensor hallucis was 5-/5. Sensation and reflexes were intact. Gait was steady. Dr. review of the MRI was that it showed herniation at the left L4-5. Diagnosis was lumbar disc herniation. Dr. recommended off work, soma and consideration for surgery.

The claimant saw on 06/14/07 Dr. for complaints of left lower extremity pain and new complaints on right which the claimant described as hot and ripping. Exam findings revealed 4+/5 strength to the extensor hallucis longus, 5-/5 strength to the quadriceps, and gastrocnemius and soleus muscles. Straight leg raise on the left produced left sciatica and right straight leg raise caused left sided pain. Diagnosis was lumbar disc herniation and new right sided pain. Dr. was concerned that the disc herniation had worsened and recommended a repeat MRI and pain injections.

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

A male for whom the request has been made to undergo lumbar laminectomy and discectomy at L4-5. I carefully reviewed the information available. This gentleman reportedly has complaints of back and left lower extremity pain. His physical exam findings have included a positive straight leg raise on the right side (with a negative straight leg raise on the left) with a motor weakness on the left EHL and intact sensation. An EMG reportedly showed evidence of an acute L5-S1 radiculopathy on the left (4/19/07). Although treating physician Dr. has suggested that the MRI scan shows evidence of a disc herniation to the left at L4-5, the actual report of the MRI scan from 4/11/07 does not describe the same type of finding.

As it pertains to treatment, records document this gentleman has been taking narcotic medications, has undergone chiropractic treatment. Furthermore, the most recent note from Dr. states that an epidural steroid injection has been recommended as well as a repeat MRI scan.

Based on the fact that the most recent recommendation does not specifically state that Dr. is recommending surgery, as well as the fact that the previous MRI scan did not describe a clear cut disc herniation, and although the EMGs reported an acute radiculopathy, the inconsistent straight leg raise, in the Reviewer's opinion, is unexplainable. As such, based on the fact that Dr. is not recommending surgery but rather recommending additional imaging studies as well as consideration for an epidural steroid injection, I do not see any compelling indication that this gentleman is a candidate for the proposed lumbar laminectomy at this point. Rather, the Reviewer believes conservative treatment has not been exhausted and additional imaging studies may shed further light as to whether or not the EMGs and physical exam findings are in fact consistent with a neurocompressive lesion.

**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  
Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Low back and Thoracic, ( Acute and Chronic)
- 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)