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Notice of Independent Review Decision

MEDICAL RECORD REVIEW:

REVIEW OUTCOME: Surgical decompression/L5-S1 discectomy: Overturned

REVIEW OF RECORDS:

- o Submitted medical records were reviewed in their entirety. Approximately 1 inch of medical records were submitted for review.
- o June 19, 2007 confirmation of receipt of the request for review from the Texas Department of Insurance
- o June 7, 2007, May 3, 2007, May 16, 2007 chart notes by MD
- o May 23, 2007 utilization review report by, MD
- o June 1, 2007 utilization review report by, MD
- o February 12, 2007 MRI report of the sacrum and coccyx by PhD, MD
- o lumbar spine x-ray report by MD
- o June 7, 2007 letter to DWC
- o June 7, 2007 employees claim for compensation for a work related injury
- o June 7, 2007 notice of representation or withdrawal of representation form
- o December 29, 2006, January 12, 2007, January 26, 2007 February 8, 2007, February 15, 2007, May 15, 2007, April 23, 2007, April 12, 2007, March 29, 2007, June 14, 2007, March 15, 2007 chart notes from MD
- o January 12, 2007, January 26, 2007 February 8, 2007, February 15, 2007, March 15, 2007, May 15, 2007, March 29, 2007, April 23, 2007, May 19, 2007 work status report signed by MD
- o May 16, 2007 pre-certification form from Clinic
- o April 23, 2007 nerve conduction study from, MD
- o progress notes from physical therapy clinic
- o emergency department notes from Medical Center

CLINICAL HISTORY SUMMARY: According to the medical records submitted for review, the patient is a female who sustained an industrial injury. The patient reported that she fell and landing on her buttocks with immediate onset of lower back and leg pain in the left lower extremity. Examination findings on June 7, 2007 reportedly suggested an L5 radiculopathy due to the pain distribution and decrease in pinprick sensation which is in an L5-S1 distribution. She underwent epidural steroid injections which reportedly did not help at all.

A May 23, 2007 utilization review report rendered a non-certification because the patient reportedly had negative tension signs, an intact motor and reflex examination, and imaging that noted no anatomic compression. The physician stated that he would like to see at least one selective nerve root block prior to any invasive intervention surgically. A June 1, 2007 utilization review report also renders a non-certification as there is no cauda equina syndrome, no clear radicular compression signs, and no progressive neurological deficit. The physician stated that the report does not include the type of occupation, the physical demand level needed to return to work, the treatment response to medication, physical therapy, and epidural steroid/diagnostic injections.

A February 12, 2007 MRI report of the sacrum and coccyx includes an impression of a 6 mm central posterior disc herniation at L5-S1 narrowing the central canal along with ligamentum flavum thickening. The neural foramina appear widely patent at L5-S1. The sacrum and coccyx were found to be unremarkable. X-rays performed demonstrated mild degenerative changes in the lumbar spine with no fracture observed. The records include a nerve conduction study report, dated April 23, 2007 of the lower extremities nerve which was found to demonstrate a mild left L5 radiculopathy.

May 15, 2007 chart notes states that the patient has failed conservative treatment that has included rest, physical therapy, three epidural steroid injections, and chiropractic treatments. Examination findings included left straight leg raise positive at 60°, inability to toe walk on the left, symmetric deep tendon reflexes, decreased perception of pin wheel over the left L5-S1 dermatome, and 4/5 left ankle strength. The report states that a nerve conduction study showed mild left L5 radiculopathy. A June 14, 2007 report reveals similar findings.

ANALYSIS AND EXPLANATION OF DECISION: The patient demonstrates L5 radiculopathy upon electrodiagnostic testing which would not be expected to correspond with a deep tendon reflex change. She has persistent findings despite exhaustion of several types of conservative management, including a series of three epidural steroid injections. She now demonstrates a positive straight leg raise, inability to toe walk on the left, weak ankle strength, and persistent L5-S1 hypoesthesia. Given these findings

and the 6 mm posterior midline disc herniation, the requested surgical intervention is appropriate.

The IRO's decision is consistent with the following guidelines:

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

 X 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

GUIDELINES / REFERENCES: MICRODISCECTOMY_LUMBAR

Official Disability Guidelines - Treatment in Workers' Compensation
Microdiscectomy

Recommended. Standard discectomy and microdiscectomy are of similar efficacy in treatment of herniated disc. (Bigos, 1999)

See Discectomy/laminectomy.

ODG Indications for Surgery -- Discectomy/laminectomy:

I. Symptoms/Findings (confirm presence of radiculopathy), requiring 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

II. Imaging Studies, requiring ONE of the following:

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 (\geq 2 months)

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

1. NSAID drug therapy

2. Other analgesic therapy

4. Muscle relaxants

5. 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