

IRO America Inc.

An Independent Review Organization
7301 Ranch Rd 620 N, Suite 155-199
Austin, TX 78726
Phone: 512-266-5815
Fax: 512-692-2924

DATE OF REVIEW:

JUNE 1, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Revision lumbar laminectomy L5-S1 right

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)

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

Lumbar MRI report, 05/07/04 and 03/28/07
EMG report, 10/20/04
Office notes, Dr, 01/27/05, 03/02/05
Lumbar myelogram CT scan, 02/14/05
Laboratory reports, 03/17/05
Operative report, 03/22/05
Letters, Dr., 04/12/05, 06/16/05
Functional capacity evaluation report, 08/05/05
Work hardening assessment, 09/02/05

Independent Medical Evaluation, Dr., 09/13/05
Functional capacity evaluation report, 10/05/05
Lumbar spine flexion/extension report, 11/07/05
EMG testing, 07/24/06
Office note, Dr., 11/20/06
Office notes, Dr., 02/07/07, 04/13/07
Lumbar spine x-ray report, 02/07/07
CMT report noted, 02/07/07 and 04/13/07
Peer review, Dr., 04/19/07
Peer review, Dr., 04/26/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who was getting onto a fork lift on xx/xx/xx when he slipped and fell. The 05/07/04 lumbar MRI showed a right L5-S1 paracentral disc herniation and right lateral recess stenosis. The 10/20/04 electromyography showed inflammatory process over the right S1 nerve root. The Patient was seen by Dr. on 01/27/05 for back and right lower extremity pain with associated numbness in the right lower extremity. Exam findings revealed dorsiflexion was diminished on the right, right straight leg raising produced pain at 70 degrees and sensation was decreased to the right lower extremity. Reflexes were diminished at 1 plus and symmetrical. Dr. felt that the lumbar MRI showed a disc herniation at L4-5 and L5-S1 on the right. Diagnosis was herniated nucleus pulposus at L4-5 and L5-S1 on the right. A lumbar CT scan was recommended and performed on 02/14/05. Dr. reviewed the scan on 03/02/05 and felt that it showed stenosis secondary to disc herniation with the stenosis extending from L3-4 to L5-S1 and prominent disc herniation at L4-5 and L5-S1 on the right.

On 03/22/05, Dr. performed a lumbar laminectomy, foraminotomy and wide decompression of L5-S1 on the right plus discectomy of the L5-S1. On 04/12/05, the Patient reported to Dr. that his severe preoperative pain had resolved but he still had complaints of numbness and discomfort along the right leg with numbness to the first toe of each foot after walking. On 09/02/05, a work hardening assessment was completed and he was deemed an appropriate candidate for work hardening.

A functional capacity evaluation was performed on 10/05/05 and medium to heavy duty was recommended. On 11/20/06, Dr. examined the Patient and noted that the 07/24/06 electromyography showed right S1 nerve root irritation. Dr. documented that the Patient had been placed at maximum medical improvement by his treating physician, Dr., on 09/07/05, with a 5 percent impairment rating. The Patient reported pain of 8/10 and numbness into his right lower extremity and foot. Exam findings revealed limitation in lumbar range of motion, positive Lasègue and Bragard testing on the right and 4+/5 right quadriceps and tibialis anterior strength. Impression was lumbar radiculitis, lumbar intervertebral disc syndrome and myospasm. Dr. recommended physical therapy and a referral to orthopedics.

Dr. examined the Patient on 02/07/07 for primarily leg pain. The Patient was using Vicodin and muscle relaxants. The Patient reported that he had done well for three months following his 03/22/05 surgery then his pain increased. His symptoms were back pain, right buttock pain and pain down his right lower extremity to his heel. Exam findings revealed tenderness to the lumbar spine region, pain to the right buttock with right straight leg raise and motor of 4 plus on the right. Achilles reflexes were 1 plus on

the right and 2 plus on the left. Impression was herniated nucleus pulposus, and post laminectomy syndrome. Dr. recommended a repeat lumbar MRI.

The 03/28/07 MRI of the lumbar spine showed postoperative changes at L5-S1, disc space narrowing and foramina narrowing stenosis noted bilaterally at L5-S1, asymmetrical disc bulge at L4-5 which appeared greater within the right far lateral, right foraminal and right subarticular region with questionable contact of the exiting right L4 nerve root. Dr. saw the Patient on 04/13/07. The Patient reported 80 percent right lower extremity pain. Dr. felt that the MRI showed significant foraminal stenosis at L5-S1 on right and an asymmetrical bulge at L4-5 causing some mild stenosis but not clinical significant. Dr. noted that the 07/24/06 electromyography showed a delayed H-reflex on the right. Exam findings revealed 4/5 motor strength to the right great toe flexors, diminished sensation along the back of the calf and into the heel consistent with S1 distribution. Achilles reflex was absent on the right. The Patient had a positive straight leg raise on the right which elicited back and buttock pain and paresthesias to the right foot. Diagnosis was herniated nucleus pulposus and right S1 radiculopathy. Dr. recommended a revision decompression.

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

This male previously underwent a lumbar laminectomy and discectomy at L5-S1 in xx/xx/xx. At the time, his pre-operative complaints included a combination of back and right lower extremity pain. Reportedly he had diminished sensation, diminished reflexes and diminished strength in the right lower extremity.

Post-operatively this gentleman did not, according to records, appear to achieve long lasting meaningful relief of his pain complaints. Although initially at several months after the fact he was doing better. Records from six months post surgery continue to document pain in the back and right lower extremity. Over time, his clinical complaints continue to persist. On no occasion do the records specifically document a significant change in his clinical picture to the extent that there was defined and progressive neurologic deficit and/or other substantial change. More recent imaging studies suggest neuroforaminal stenosis at L4-5 and L5-1. Request was made for revision surgery.

The Reviewer cannot recommend the proposed surgery as being reasonable or medically necessary in this setting. The Reviewer would point out that this gentleman has had a less than gratifying result following his first surgery and it is unlikely that the revision decompression at that level is going to offer him significant meaningful relief. Furthermore, the Reviewer points out that he has not gone through additional postoperative conservative treatment such as selective nerve root blocks to suggest that in fact that particular level is the source of his ongoing pain complaints. In addition, other diagnostic tests such as EMGs could also help to determine if significant neural compression persisted, but are not contained within the records.

In the absence of a progressive neurologic deficit, demonstrable instability on imaging studies, clear, well-defined source of this individual's ongoing and persistent right lower extremity complaints in spite of surgery, the Reviewer cannot recommend a repeat surgical intervention as being reasonable or medically necessary.

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

2007 Official Disability Guidelines, 12 edition, Integrated with Treatment Guidelines (ODG Treatment in Workers Comp, 5th edition).

Low back- lumbar and thoracic. Discectomy/laminectomy

- 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)