



PROFESSIONAL ASSOCIATES

DATE OF REVIEW: 06/01/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right L5-S1 lumbar laminectomy/discectomy (63030)

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

Board Certified in Orthopedic Surgery

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

An MRI of the lumbar spine interpreted by, M.D. dated xx/xx/xx
Evaluations with, M.D. dated 06/15/06, 09/28/06, 11/09/06, 11/21/06, 12/21/06,
01/30/07, and 03/01/07
Testing with Dr. dated 06/15/06, 09/28/06, 11/09/06, 12/21/06, 01/30/07, and
03/01/07
An study interpreted, M.D. dated 10/20/06
Designated Doctor Evaluations with, M.D. dated 07/08/06 and 10/21/06
Operative reports from Dr. dated 11/01/06, 12/13/06, and 02/20/07

A with an unknown provider (no name or signature was available) dated 11/09/06
Letters from Dr. dated 01/25/07 and 05/11/07
A Required Medical Evaluation (RME) with, M.D. dated 02/26/07
Letters of non-certification from dated 03/22/07 and 04/03/07
A telephone conference with Dr. dated 03/29/07

PATIENT CLINICAL HISTORY [SUMMARY]:

An MRI of the lumbar spine interpreted by Dr. on xx/xx/xx revealed a disc herniation at L5-S1. On 06/15/06, Dr. recommended lumbar epidural steroid injections (ESIs), Ultram, Feldene, and continued physical therapy. On 07/08/06, Dr. felt the claimant was not at Maximum Medical Improvement (MMI) and recommended lumbar ESIs, physical therapy, Neurontin or Lyrica, and an EMG/NCV study. An EMG/NCV study interpreted by Dr. on 10/20/06 revealed bilateral S1 greater than L5 radiculopathy and severe lower extremity sensory polyneuropathy. On 10/21/06, Dr. placed the claimant at MMI with a 5% whole person impairment rating. On 11/01/06 and 12/13/06, Dr. performed lumbar ESIs. On 01/25/07, Dr. felt the claimant was not at clinical MMI and was scheduled for another ESI. On 01/30/07, Dr. requested a right SI joint block. A right SI joint injection was performed by Dr. on 02/20/07. On 02/26/07, Dr. recommended further treatment, including over-the-counter medications and a home exercise program only. On 03/01/07, Dr. recommended a lumbar laminectomy/discectomy. SRS wrote letters of non-certification for the surgery on 03/22/07 and 04/03/07.

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

This individual does not appear to have a herniated disk on imaging studies, as all the MRI shows is a central disc protrusion of 3 mm. There is no evidence of nerve root compression. The electrodiagnostic studies by Dr. are non-specific. The claimant appears to have had minimal response to her epidural injections, which would be unusual in physiologic disease. It is neither reasonable nor necessary to perform and lumbar discectomy. It has been shown that the results of discectomy are directly related to the size of the protrusion, with the worst results being from this type of procedure. In the absence of objective physical findings and the absence of her response to epidural injections, the absence of a fragment on the MRI, a discectomy is less than likely to produce a positive result and should not be performed.

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 AND KNOWLEDGE BASE

- 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)**

Eugene J. Carragee, Michael Y. Han, Patrick W. Suen, and David Kim Clinical Outcomes After Lumbar Discectomy for Sciatica: The Effects of Fragment Type and Anular Competence J. Bone Joint Surg. Am., Jan 2003; 85: 102 - 108.

Glenn R. Buttermann, Treatment of Lumbar Disc Herniation: Epidural Steroid Injection Compared with Discectomy. A Prospective, Randomized Study J. Bone Joint Surg. Am., Apr 2004; 86: 670 - 679.

Eugene Carragee, M.D. Surgical Treatment of Lumbar Disk Disorders JAMA, November 22/29, 2006-Vol 296, No. 20

J. N. Weinstein, T. D. Tosteson, J. D. Lurie, A. N. A. Tosteson, B. Hanscom, J. S. Skinner, W. A. Abdu, A. S. Hilibrand, S. D. Boden, and R. A. Deyo Surgical vs Nonoperative Treatment for Lumbar Disk Herniation: The Spine Patient Outcomes Research Trial (SPORT): A Randomized Trial JAMA, November 22, 2006; 296(20): 2441 - 2450.