



**Revised June 27, 2007**

**DATE OF REVIEW:** 05/22/07

**IRO CASE #:**

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

Percutaneous discectomy at levels L3/4, L4/5 and L5/S1

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

Board certified.

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

- |   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

**INFORMATION PROVIDED FOR REVIEW:**

1. URA first denial-April 3, 2007
2. URA second denial-April 13, 2007
3. ESI records, MD- October 3, 2006
4. MD office notes-January 30, 2007 to March 8, 2007
5. Office visits, MD-May 5, 2007
6. Literature presentation on Transcutaneous Lumbar Discectomy for Internal Disk Derangement.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This female suffered lumbosacral spine straining injury while moving heavy boxes. The date of injury was XX/XX/XX, not yet two years prior to this request for preauthorization for percutaneous discectomy. The evaluation revealed suggestive findings of degenerative disc disease at levels L3/L4, L4/L5, and L5/S1 with multilevel canal stenosis.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

The request for percutaneous discectomy is apparently inappropriate. Percutaneous discectomy is a group of procedures including such things as IDET, mechanical discectomy, and other procedures, which are considered less invasive than formal discectomy. **Medical necessity for the 3 level procedure is not established by the requestor within the confines of the ODG and the medical judgement of the reviewer.**

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)**  
**Frymoyer, Adult Spine, pp 2009-2020, AAOS Orthopedic Knowledge Update 8, pp 608-609**