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IRO REVIEWER REPORT TEMPLATE –WC

DATE OF REVIEW:
03/26/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Transcutaneous discal re-section at L5/S1.

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)

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.

The proposed surgical procedure (transcutaneous discal resection at L5/S1) is not medically reasonable and necessary for the occupational injury of 11/30/2005.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Case Report dated
Referral dated 03/08/07
DWC-1: Employer's First Report of Injury or Illness dated
DWC-6: Supplemental Reports of Injury dated 04/04/06, 03/15/06, 02/23/06
DWC-53: Employee's Request to Change Treating Doctors dated 01/19/06
DWC-69: Report of Medical Evaluations with Dates of Exam 06/20/06 (two), 01/17/06, 12/21/05
DWC-73: Work Status Reports dated 02/06/07, 03/30/06, 01/19/06, 12/14/05, 12/05/05, 12/02/05 and two undated
Letter dated 03/08/07 from Claims Representative
DWC: Notice to of Case Assignment dated 03/07/07
DWC: Confirmation of Receipt of a Request for a Review by an Independent Review Organization dated 03/05/07
Request for a Review By An Independent Review Organization dated 02/07/07
Letter dated 01/24/07 from M.D.
Letter dated 01/22/07 from M.D.

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M.D.: Preauthorization Requests dated 01/11/07, 12/28/06, 08/02/06, 04/24/06
Letter dated 01/08/07 from Utilization Review Nurse
Lab report dated 10/31/06
Physical Therapy Evaluations dated 10/18/06, 01/09/06 from PT
Letter dated 10/27/06
Modality Flowsheets for the period 10/18/06 through 03/06/06
Health Certification and Plan of Care dated 10/05/06
Case Conference Report dated 09/22/06
Letter dated 09/18/06 from M.D.
Rental/Purchase Agreement dated 09/18/06
Body System Assessment dated 09/18/06
Form memo dated 09/18/06
Handwritten nurse's note dated 09/12/06 (ADL's, at top)
Statement dated 09/11/06
Request for Reconsideration dated 09/11/06
RN: Assessment dated 09/08/06 (16 pages)
Medical Update dated 09/08/06
Verbal Orders/Progress Report dated 09/08/06
Admission Summary (handwritten) dated 09/08/06
Flow Sheet dated 09/08/06 and 09/18/06
Operative Report dated 09/06/06 from M.D.
Patient Orientation, Valuables and Belongings dated 09/06/06
Physician's Order Sheet for Controlled Drugs dated 09/06/06
Preoperative Checklist dated 09/06/06
Anesthesia Record dated 09/06/06
Disclosure and Consent Medical and Surgical Procedures dated 09/06/06
Physician's Orders dated 09/06/06
Anesthesiologist Orders, Postoperative Orders dated 09/06/06
Physician's Orders, Post-Operative Orders dated 09/06/06
Physician's Orders, Preoperative Orders dated 09/06/06
Enterprise Scheduling and Surgery Scheduling Form dated 09/06/06
Ambulatory Surgery Flowsheet dated 09/06/06
Anesthesia Charge Codes dated 09/06/06
Occupational Therapy-Acute Shoulder Evaluation dated 09/06/06
Intraoperative Record dated 09/06/06 from RN
Reconciled New Medication at Time of Discharge dated 09/06/06
Patient History Profile dated 09/05/06
Medication Reconciliation Order Form dated 09/05/06
ECG report dated 09/05/06
Medical Record Signature Sheet dated 09/05/06 and 09/06/06
Letter dated 08/11/06 from CCM
M.D.: Letters dated 07/31/06, 01/17/06
DWC: Letter dated 07/24/06
Three level lumbar spine discogram dated 07/20/06, post-discogram CT lumbar spine dated 07/20/06, history and physical for lumbar spine discogram dated 07/20/06

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Exam Report dated 07/20/06
Letter dated 07/19/06 from Ombudsman
M.D.: Report dated 06/20/06
Spine Impairment Summary dated 06/20/06
Case Summary Report dated 04/24/06
MRI lumbar spine dated 03/30/06
DWC: Sendback Document dated 02/15/06
Chart notes dated 03/30/06 through 02/06/07
MRI shoulder dated 02/02/06
Letter dated 01/26/06 from RN
Pre-Authorization Request with Proposed Start Date of 01/26/06
Fax Transmittal Sheet with note dated 01/25/06
Form note dated 01/24/06
Office notes dated 01/19/06 through 02/06/07 from M.D.
notes for the period 01/09/06 through 03/06/06
Status Report dated 01/09/06
Impairment Rating dated 12/21/05 from MD
MRI cervical spine dated 12/20/05
Initial Injury Report dated 12/14/05 from M.D.
Patient Information sheet dated 12/05/05
Progress Note dated 12/05/05 from M.D.
Handwritten doctor's notes dated 12/05/05, 12/02/05 (Referral #/Precert # at top)
Progress Note dated 12/02/05 from P.A.-C.
Cervical spine radiographs dated 12/02/05, thoracic spine radiographs dated 12/02/05
Chest radiographs dated 12/01/05, CT brain dated 11/30/05
Emergency Department Nurses Notes dated 12/01/05
Emergency Department Medical Record dated 11/30/05
Lab report dated 11/30/05
ER Admission dated 11/30/05
Emergency Medical Record dated 11/30/05
Emergency Department Discharge Instructions dated 11/30/05
Undated article entitled, "Minimally invasive approach can take the pain out of herniated disks"
Undated article entitled, "Transcutaneous Lumbar Diskectomy for Internal Disk Derangement: A New Indication"

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female who was reported to have sustained injury . A spool fell striking her head and upper back. She was initially seen. Brain CT scan was negative. She was discharged to her home with the diagnoses of closed head injury and back contusion. Follow-up was provided by Dr. office on 12/02/2005. The diagnoses on that office visit were skull contusion, post-concussion headache, cervical strain, and thoracic strain. Initial care included physical therapy and prescriptive medications. Dr. released her to sedentary duty on 12/05/2005. MD reported that a cervical spine MRI was unremarkable and placed the injured individual at maximum medical improvement (MMI) on 12/21/2005 with a 0% impairment rating. The injured individual then changed treating provider to MD.

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Dr. first saw the injured individual. Her chief complaint was initially neck injury. He noted that he felt the cervical spine injury was soft tissue in nature. Cervical x-rays were negative. Dr. office note of 03/07/2006 was the most comprehensive physical examination documented of the multiple visits to his office. He reported normal strength and sensation, negative Lasegue's, negative Brasard's, and reflexes which were equal bilaterally. He reported no limitation with range of motion. Minimal low back pain was reported with the extremes of motion. MRI of the lumbar spine with flexion/extension views were interpreted by radiologist, MD as unremarkable. MD placed the injured individual at MMI on 06/20/2006 with a 10% impairment rating. Dr. reported in his office note of 07/20/2006 that the injured individual's discogram was positive at four levels, but later recanted that observation. MD performed a four level discogram with post-discogram CT scan. His reading was moderate to severe L5-S1 7-8/10 concordant pain with partial anterior and posterior fissuring. The CT scan revealed broad based annular fissuring at that level. MD denied Dr. request for transcutaneous discal resection at L5-S1 on 08/11/2006. The injured individual underwent an arthroscopic rotator cuff repair and partial acromioplasty on 09/06/2006 by Dr. of Dallas. She completed a course of physical therapy for her shoulder following the repair. Dr. next saw her back on 12/07/2006. He requested the procedure again and it was denied on per review by MD on 01/22/2007. An appeal/reconsideration was submitted and denied by MD on 01/24/2007. Both physician reviewer denials are supported by ODG and Orthopaedic and Occupational Medicine literature. The last note from Dr. is dated 02/06/2007 and he reports continuing low back pain. She is prescribed Lortab. A physical therapy note on 02/06/2007 reports the injured individual is over four months status post rotator cuff repair.

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

The soft tissue injury sustained as a result of the work-related injury of would have been expected to resolve within six to eight weeks with conservative management according to the *Occupational Medicine Practice Guidelines, 2nd. Ed. of the American College of Occupational and Environmental Medicine***.** The injured individual has consistently demonstrated an intact neurological/physical examination with the main complaint being axial back pain. She has not consistently demonstrated any radicular findings. Dr. cites the work of Dr. for support for the procedure. Dr. notes that the best candidates for the procedure have "more leg pain than back pain". The evidence-based *Occupational Medicine Practice Guidelines, 2nd Ed.* do not support percutaneous discectomy because "proof of its effectiveness has not been demonstrated". The *Orthopaedic Knowledge Update-8* of the *American Academy of Orthopaedic Surgeons* report "Studies comparing automated percutaneous diskectomy with open microdiscectomy usually demonstrate better results with open discectomy". OKU-8 state "Surgical indications are not changed by the way in which the procedure is done. In considering the role of minimally invasive spine surgery as part of a continuum of spine care, it is useful to remember that the most minimally invasive modality remains nonsurgical care. Nonsurgical care is appropriate and effective for most patients with degenerative conditions of the spine, especially those with axial pain in the absence of neurologic dysfunction". The role of discography is controversial and still evolving.

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

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ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
Occupational Medicine Practice Guidelines, 2nd Ed. (ACOEM) Chapter 12, pages 287-325

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

1. Gibson JN, Grant IC, Waddell G: The Cochrane review of surgery for lumbar disc prolapse and degenerative lumbar spondylosis. Spine 24 1820-1832, 1999

2. Gibson JNA, Grant IC, Waddell G: Surgery for lumbar disc prolapse (Cochrane Review), In The Cochrane Library, issue 2, Oxford: Update Software, 2002

3. Thongtrangan I, Le H, Park J, Kim D: Minimally Invasive Spinal Surgery: A Historical Perspective: Neurosurg Focus 16(1), 2004

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
Orthopaedic Knowledge Update-8 (AAOS) Chapter 50, pages 607-608