

## Notice of Independent Review Decision

**DATE OF REVIEW:**

05/08/2007

**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Outpatient Lumbar Laminectomy L4-L5 redo for disc herniation.

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

Board Certified Orthopaedic 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 procedure (outpatient lumbar laminectomy L4-L5 redo for disc herniation) is not medically reasonable or necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Case Report dated 04/26/07
- Referral dated 04/26/07
- DWC: Notice to LLC of Case Assignment dated 04/26/07
- DWC: Notice To Utilization Review Agent of Assignment of Independent Review Organization dated 04/26/07
- DWC-69: Reports of Medical Evaluation with Date of Exams 03/16/07, 11/13/06
- IRO Coordinator: Letter dated 04/26/07
- DWC: Confirmation Of Receipt Of a Request For a Review dated 04/16/07
- Notice of Utilization Review Findings dated 03/29/07, 03/19/07
- Evaluations: Reports of Medical Evaluation dated 03/22/07, 11/16/06 from D.O.
- Evaluations: Reviews of Medical History & Physical Exam dated 03/16/07, 11/13/06 from D.O.
- Center: Fax cover sheet dated 03/13/07 with handwritten note
- LHL009 dated 03/11/07
- Progress Notes (handwritten) dated 03/09/07, 02/12/07
- Inc.: Postmyelogram CT of lumbar spine dated 03/06/07
- Inc.: Lumbar myelogram dated 03/06/07

- Report dated 02/09/07 from M.D. and one report with the same information, but date of 02/09/07 crossed out and "12" for day written in
- MRI lumbar spine dated 08/22/06

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a male who was reported to have sustained injury at work. He was attempting to sit in a chair, the chair rolled back and he fell. The past medical history is significant for a previous lumbar laminectomy/discectomy in 01/2006, poorly controlled type 2 diabetes mellitus, and obesity. There are no specific details regarding the original spine procedure. The medical documentation submitted by M.D. is minimal. One is a hand-written note dated 03/09/2007 and the second is a transcribed note dated 02/12/2007. The injured individual is reported to have had complete resolution of all pain following the index surgical procedure till the work-related fall. Subsequent treatment was reported to include Medrol Dosepak and lumbar epidural steroid injection (ESI) without any improvement. Back pain is greater than leg pain and reported at a level of 8/10. There is a discrepancy regarding the interpretation of the imaging studies. One study reports a herniation of nucleus pulposus (HNP) on the left side at L4-L5 another study reports the lesion on the right side at the same level. The most critical study, a myelogram, was suboptimal and not repeated. M.D. (Orthopedist) denied the request initially. He reported that two separate spine surgeons felt the injured individual was not a candidate for surgery. There was also a question that the injured individual's poorly controlled diabetes was more likely a cause of the injured individual's symptoms. The request was denied on appeal/reconsideration by M.D. (Neurosurgeon) because of the discrepancy between the imaging studies. The additional documentation included two examinations performed by D.O. The first exam was performed on 11/13/2006 and he determined the injured individual was not at maximum medical improvement (MMI). He reported the injured individual did not have radicular pain. His reflexes were +2. Repeat examination on 03/22/2007 noted that the injured individual was not taking his diabetic medications. His examination was not consistent with a specific radiculopathy. Dr. now reported his reflexes at +1. He did not place the injured individual at MMI because it was his understanding that another surgical procedure was to be performed. An electromyogram/nerve conduction velocity (EMG/NCV) study that he suggested on his first evaluation was not completed. He recommended that it be performed prior to any surgery. This would be consistent with his uncertainty regarding the source of this injured individual's continuing complaint.

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

The medical documentation submitted by the requesting physician does not support the need for the surgical procedure at this time. There are only two notes available from him for review. One was handwritten and illegible. There is an obvious discrepancy in the reports of the imaging studies as noted by Dr.. The myelogram did not define the anatomical pathology and was suboptimal. The initial reviewer reported the injured individual was a poorly controlled type-2 diabetic and suggested that the injured individual's symptoms were more likely a result of his diabetes. There is no information regarding the findings of an EMG/NCV. The requesting physician has not address any of these issues. Dr. noted in his review that two separate spine surgeons felt that the patient was not a surgical candidate. A repeat surgical procedure in a relatively short interval (15 months) is not objectively substantiated by the physical findings or imaging studies. The source of the injured individual's symptoms (pain generator) has not been clearly defined. Dr. noted that Mr. was not taking



any diabetic medications. This is of concern as reported by the initial reviewer and may be a source of the injured individual's complaint. Dr. recommended an EMG/NCV, which was never performed or the result known.

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

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

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION):**

Occupational Medicine Practice Guidelines, 2<sup>nd</sup> Ed. Chapter 12:Low Back Complaints pages 287-326, American College of Occupational and Environmental Medicine, 2004.