



REVIEWER'S REPORT

DATE OF REVIEW: 05/22/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Percutaneous discectomy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., orthopedic surgeon, board certified, with experience in the evaluation and treatment of patients suffering spine problems

REVIEW OUTCOME:

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

- Upheld (Agree)
- Overturned (Disagree)
- 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. 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. Preauthorization is being requested for one level, when in fact three levels of disease are evident. It does not appear that this request is either specific enough or justified well enough to be preauthorized.

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.)

**221 McCann
Sulphur Springs, TX 75482
903.488.2329 * 903.642.0064 (fax)**

- 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.)