



Advanced Medical Reviews



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## PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 5/22/2007  
IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4-5 Hemilaminectomy/Microdiscectomy with Interspinous Graft/LOS 2 days

### QUALIFICATIONS OF THE REVIEWER:

This reviewer received his medical doctorate from the University of Tennessee, at Memphis. He did his internship and residency in the field of Orthopaedics at Emory University. This physician did a fellowship at Northwestern in the Department of Orthopaedics, Sports Medicine. He has been board certified in Orthopaedics since 2001. This reviewer has written numerous research articles and publications. He is affiliated with the American Academy of Orthopaedic Surgeons, American Orthopaedic Society for Sports Medicine, Arthroscopy Association of North America and the American Medical Association.

### REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overtured (Disagree)

Partially Overtured (Agree in part/Disagree in part)

L4-5 Hemilaminectomy/Microdiscectomy with Interspinous Graft/LOS 2 days Partially Overtured

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Confirmation request review dated 05/01/2007.
2. Notification of determination note by DO dated 03/14/2007.
3. Review summary by DO dated 03/13/2007.
4. Clinical note by MD dated 03/22/2007.
5. Clinical note by RN dated 05/01/2007.
6. Request for independent review organization dated 05/01/2007.
7. Clinical note dated 05/09/2007.
8. Clinical note dated 05/09/2007.
9. Analyses DBA advanced medical reviews of case assignment note dated 05/02/2007.
10. Notice of assessment by dated 5/9/2007
11. Medical dispute by DC, dated 5/9/2007
12. MRI of the lumbar spine by MD, dated 3/2/2006
13. Initial visit by DO, dated 5/31/2006

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14. Procedure note by DO, dated 6/27/2006
15. Follow up visit by DO, dated 7/11/2006
16. Procedure note by DO, dated 8/1/2006
17. Lumbar spine post dated 9/1/2006
18. Clinical note by MD, dated 12/20/2006
19. Electrodiagnostic interpretation by MD, dated 1/4/2006
20. Electrodiagnostic results dated 1/4/2007
21. Clinical note by MD, dated 2/8/2007
22. Medical consultation by MD, dated 12/5/2006
23. Notification of determination by DO, dated 5/4/2007
24. Clinical note by MD, dated 3/22/2007
25. Verbal notification by RN, dated 3/22/2007
26. Medical report by DO, dated 8/7/2006 to 5/1/2007
27. Clinical note by DO, dated 5/9/2007
28. Clinical note by DO, dated 3/14/2007
29. Review summary by DO, dated 3/13/2007
30. Clinical note by DO, dated 3/22/2007
31. Clinical note by RN, dated 3/22/2007
32. Clinical note by DO, dated 5/9/2007

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This female reportedly fell going upstairs while reporting to work. Since that time she has continued to have lower back pain and left lower extremity pain. She has failed conservative treatments including passive and active physical therapy, epidural steroid injections, and medication. An EMG noted L4/5 bilateral radiculopathy. A MRI from 9/1/2006 confirmed an abnormal disc protrusion at L4/5 with narrowing of the foramen. Her current diagnosis is displacement of intervertebral disc (722.2). Her provider recommended L4/5 hemilaminectomy/microdiscectomy with interspinous graft and 2 day length of stay. At this time, the requested spinal surgery is under review.

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

The individual sustained an injury at work where she slipped and fell. Since the injury, the worker has continued with low back pain, diffuse leg pain, and muscle spasms. The injured worker has been treated with various medications, physical modalities, activity modification, and steroid injections. Radiographic examinations have demonstrated disc disease with nerve root encroachment at the L4-L5 level. There is also some mild disc degenerative disease at the L3-L4 and L5-S1 level without any neural impingement. The physical examination demonstrates L4 and L5 nerve root dysfunction with positive provocative testing and evidence of motor and sensory loss. An EMG/NCV study demonstrates evidence of an L4 and L5 radiculopathy. A neurosurgical evaluation correlated the injured worker's symptoms with the radiographs and an operative procedure was requested.

The surgery requested is a hemilaminectomy, L4-L5 discectomy, and an interbody fusion through the discectomy at the L4-L5 level. The interbody fusion is generally performed with adjunctive hardware in the form of a cage to stabilize the space and place bone graft material within the space to promote ingrowth and fusion of the L4-L5 region. This procedure has the advantage of limited muscle dissection and less prominent hardware than a conventional posterolateral fusion with instrumentation. The literature supports operative intervention for radicular pain that has failed an appropriate non-operative treatment program for at least 6 weeks. The injured worker has been treated appropriately without improvement of symptoms. The injured worker has correlating subjective complaints with objective physical findings which are substantiated with objective testing seen with the EMG/NCV and MRI. Thus, medical necessity for operative intervention is established based on the radicular complaints, positive EMG/NCV findings, MRI results, and failure of conservative management. The surgery is certified as dictated in the neurosurgeon's note dated 2/08/2007. The interspinous graft must be a typographical error, as this description is not found in any of the surgeon's note, nor is this a standard procedure for treatment of lumbar disc disease. The previous denial of L4-5 Hemilaminectomy/Microdiscectomy with 2 day length of stay is overturned. The denial for the interspinous graft is upheld.

**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 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

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INTERQUAL CRITERIA

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

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

**X** 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

**X** PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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

Spiros G. Pneumaticos, Charles A. Reitman, and Ronald W. Lindsey Diskography in the Evaluation of Low Back Pain J. Am. Acad. Ortho. Surg., January 2006; 14: 46 - 55

Ashok Biyani and Gunnar B. J. Andersson Low Back Pain: Pathophysiology and Management J. Am. Acad. Ortho. Surg., March/April 2004; 12: 106 - 115

AMR Tracking Num: