

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 10/22/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. Lumbar surgery: L4-5 hardware removal, L5-S1 discectomy with fusion at L5-S1 with hardware placement, and 1 day length of stay

QUALIFICATIONS OF THE REVIEWER:

This reviewer attended the University of Pittsburgh School of Medicine after completing his undergraduate degree at the University of Virginia. He completed an internship and residency at Pennsylvania State University. He has been actively practicing since 1990. He is a member of the American Academy of Orthopaedic Surgeons and the American Medical Association.

REVIEW OUTCOME:

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

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

1. Lumbar surgery: L4-5 hardware removal, L5-S1 discectomy with fusion at L5-S1 with hardware placement, and 1 day length of stay Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Case assignment note dated 10/3/2007
2. Review organization note, dated 10/3/2007
3. Independent review organization note dated 10/2/2007
4. Request for a review note dated 10/1/2007
5. Clinical note dated 9/5/2007
6. Clinical note dated 8/30/2007
7. Verification note dated 8/30/2007
8. Follow up consultation note by MD, dated 8/28/2007
9. Follow up note by MD, dated 7/31/2007
10. Follow up consultation note by MD
11. Clinical note by MD, dated 7/25/2007
12. Electrodiagnostic results note by MD, dated 8/8/2007
13. Clinical note dated 9/25/2007
14. Verification note dated 9/18/2007
15. Clinical note dated 9/12/2007
16. Follow up consultation note by MD, dated 8/28/2007
17. Follow up note by MD, dated 7/31/2007
18. Follow up consultation note by MD
19. Clinical note by dated 7/25/2007
20. Electrodiagnostic results note by MD, dated 8/8/2007
21. The ODG Guidelines were not provided

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Name: Patient_Name

This worker is a male who injured his lower back. The injured employee was status post a spinal fusion at L4-5 in 1/2005. He had a lumbar myelogram and CT scan on 7/25/2007, which revealed instrumentation at L4-5 and right L5 nerve root impingement. On 8/8/2007, it was noted that the injured worker had acute right L5 radiculopathy. He complained of back pain and right lower extremity pain with weakness, difficulty walking, and foot drop on the right. The doctor requested that he undergo L4-5 hardware removal, L5-S1 discectomy with fusion at L5-S1 with hardware placement. At this time, the requested procedure is under review for medical necessity.

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

The claimant was seen by Dr. It was noted that he had previous surgery at L4-5 in 10/2005 and did well. Three weeks prior, he developed low back and right leg pain. Straight leg raising was positive on the right, the right patellar reflex was diminished, and the Achilles reflex was absent. There was weakness of dorsiflexion as well as the EHL, quadriceps, and hamstrings in a rather wide distribution. This did not fit the L5 myotomal distribution. Recommendations were for a CT myelogram. The diagnostic studies were performed on 07/25/2007. This showed the previous interbody fusion at L4-5 with instrumentation. There was evidence of adhesions about the right L5 nerve root with under filling but no displacement. There was a possible focal disc protrusion in the foramen. The claimant returned for reassessment with Dr. on 07/31/2007 at which time electrodiagnostic studies were recommended. These were felt to show an acute right L5 radiculopathy. He was seen again on 08/28/2007 and was felt to have a foot drop on the right. It was felt that on his CT myelogram there was evidence of right sided neural impingement at L5-S1. There is no documentation of conservative treatment. The claimant was noted to have a foot drop but it is unclear from the records if this acute or chronic. Based on the information available and without a documented progressive neurologic deficit or conservative treatment, the request for surgery cannot be recommended as medically indicated. As stated it is unclear if the foot drop is acute or chronic, progressive or static. Therefore, the previous denial 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
- 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
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

AMR Tracking Num: