

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 9/10/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. Spinal surgery

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:

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

1. Spinal surgery Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical note dated 08/21/2007
2. Review organization dated 8/21/2007
3. Company request dated 8/23/2007
4. Request for a review dated 8/20/2007
5. Utilization review determination dated 8/08/2007
6. Reconsideration dated 08/20/2007
7. Review of case assignment dated 8/23/2007
8. List of additional clinicals:
9. Clinical note dated 08/28/2007
10. Official Disability Guidelines - Low back, 3 pages
11. Clinical note dated 08/08/2007
12. Clinical note dated 08/20/2007
13. Clinical note dated 07/21/2007
14. Physicians orders dated 08/28/2007
15. Clinical note by MD dated 07/31/2007
16. Clinical note by MD dated 07/10/2007
17. Clinical note by MD dated 02/22/2007
18. Clinical note by PA-C dated 01/26/2007
19. Report of procedure by MD dated 01/11/2007
20. Preoperative history and physical note by PA-C dated 01/02/2007
21. Clinical note by MD dated 12/05/2006

- 22. Clinical note by DO dated 07/24/2007
- 23. Final report by MD dated 01/01/2007
- 24. Clinical note by MD dated 11/13/2006

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This injured employee is noted as having a diagnosis of left L4-5 and L5-S1 herniated nucleus pulposus/stenosis. The employee reportedly injured himself on the job while setting down a water heater that he had been carrying. When he put it down he felt a severe pop in his back and had severe back and left leg pain immediately. He went to the emergency room and was given medications and released. He then underwent chiropractic and physical therapy treatment and has had an MRI. He underwent a lumbar discectomy at L5-S1 and partial left L4-5 hemilaminectomy on 01/11/2007. Following the surgery the injured worker was doing well until he fell backwards while walking up stairs at home approximately 2 weeks following the procedure. Physical therapy was initiated but symptoms persisted. A contrast MRI noted broad based disc protrusions at L4-5 and L5-S1 with no neural impingement and postoperative changes. This case is under review to determine the medical necessity of spinal surgery for this injured worker.

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

The injured worker has chronic back and leg complaints after an injury at work. The employee sustained disc herniations at the L4-L5 and L5-S1 levels. His symptoms failed to improve despite numerous conservative measures and he ultimately underwent disc removal and decompression of the L4-L5 and L5-S1 levels in 1/2007. The injured worker's postoperative course has been complicated by continued low back pain which has limited a full return to activity. He has been treated with NSAIDs, activity modification, steroid injections, and physical therapy. The provider is requesting a revision lumbar decompression and fusion of L4-S1. The literature is mixed regarding lumbar fusion for presumed discogenic pain. There are several studies that have shown some improvement in pain and activity level following lumbar fusion. Recently, well performed discography with controls and measures of injection pressures has been shown to be a good predictor of surgical outcomes following lumbar fusion for discogenic pain. The medical necessity for a lumbar fusion is not established based on the lack a proven cause of the worker's pain. The pain could be myofascial in nature which would not be improved with surgical intervention, or it could discogenic in nature which would be improved with surgery. Accordingly, 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 OGD- 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)