

C-IRO, Inc.
An Independent Review Organization
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Notice of Independent Review Decision

IRO REVIEWER REPORT TEMPLATE – WCN

DATE OF REVIEW: SEPTEMBER 25, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Laminectomy at L4/5 and L5-S1 on left with neuro foraminotomy

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Lumbar spine MRI, 11/30/06
Chest CT scan, 01/20/07
Physical therapy evaluation 06/29/07
Note, 087/16/07
Peer review, 07/23/07 and 08/07/07
Office notes, Dr., 07/23/07 and 08/08/07
No ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male, employed as a truck driver, who had a sudden onset of lower back and left lower extremity pain after a lifting incident. A lumbar MRI on 11/30/06

noted a large disc herniation at L5-S1 with moderate to severe compromise of the right and left lateral recesses and compression of the S1 nerve root. There was moderate neuroforaminal compromise with contact and compression of the exiting L5 dorsal root ganglia. There was noted spinal stenosis at L4-L5 with severe compromise of the left lateral recess and mild to moderate neuroforaminal encroachment. Also noted were disc bulges at L2-3 and L3-4 with no evidence of spinal canal stenosis.

An office visit on 05/14/07 noted previous treatment included medications and two epidural steroid injections with minimal relief. On examination, straight leg raise and Laseque's were positive on the left. A course of physical therapy was prescribed with no significant improvement in low back and left lower extremity complaints. The impression was low back pain with mild lumbar radiculopathy. Surgical intervention with lumbar laminectomy at L4/5 and L5-S1 on the left with neuroforaminotomy was recommended.

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

A laminectomy from L4 through S1 with foraminotomies would appear to be medically necessary for this claimant. The claimant had an injury and was noted to subsequently have an MRI demonstrating spinal stenosis with moderately severe to severe compromise of the lateral recesses at the S1 level. There is compression on both the L5 and S1 nerve roots. The claimant has persistent radicular pain and a positive straight leg raise and has failed conservative measures with medications and therapy as well as epidural steroid injections. The requested lumbar decompression would seem reasonable based on the information provided.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Low back Recommended for indications below. Surgical discectomy for carefully selected patients with radiculopathy due to lumbar disc prolapse provides faster relief from the acute attack than conservative management, although any positive or negative effects on the lifetime natural history of the underlying disc disease are still unclear. Unequivocal objective findings are required based on neurological examination and testing.

ODG Indications for Surgery™ -- Discectomy/laminectomy --

Required symptoms/findings; imaging studies; & conservative treatments below:

I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383. (Andersson, 2000)

Findings require ONE of the following:

- A. L3 nerve root compression, requiring ONE of the following:
 - 1. Severe unilateral quadriceps weakness/mild atrophy
 - 2. Mild-to-moderate unilateral quadriceps weakness
 - 3. Unilateral hip/thigh/knee pain
- B. L4 nerve root compression, requiring ONE of the following:
 - 1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy
 - 2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness
 - 3. Unilateral hip/thigh/knee/medial pain
- C. L5 nerve root compression, requiring ONE of the following:
 - 1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
 - 2. Mild-to-moderate foot/toe/dorsiflexor weakness
 - 3. Unilateral hip/lateral thigh/knee pain

- D. S1 nerve root compression, requiring ONE of the following:
 - 1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy
 - 2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness
 - 3. Unilateral buttock/posterior thigh/calf pain
(EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.)
- II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:
 - A. Nerve root compression (L3, L4, L5, or S1)
 - B. Lateral disc rupture
 - C. Lateral recess stenosis
Diagnostic imaging modalities, requiring ONE of the following:
 - 1. MR imaging
 - 2. CT scanning
 - 3. Myelography
 - 4. CT myelography & X-Ray
- III. Conservative Treatments, requiring ALL of the following:
 - A. Activity modification after patient education (\geq 2 months)
 - B. Drug therapy, requiring at least ONE of the following:
 - 1. NSAID drug therapy
 - 2. Other analgesic therapy
 - 3. Muscle relaxants
 - 4. Epidural Steroid Injection (ESI)
 - C. Support provider referral, requiring at least ONE of the following:
 - 1. Manual therapy (massage therapist or chiropractor)
 - 2. Physical therapy (teach home exercise/stretching)
 - 3. Psychological screening that could affect surgical outcome
 - 4. Back school (Fisher, 2004)

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
- 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)