

# US Decisions, Inc.

*An Independent Review Organization*

71 Court Street

(512) 782-4560 (phone)

(207) 470-1085 (fax)

## Notice of Independent Review Decision

**DATE OF REVIEW:** 04/01/2008

**IRO CASE #:**

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

Outpatient Surgical Services, L5-S1 and L4-L5 laminectomy

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

M.D., 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)

Upon independent review the reviewer finds that the requested Outpatient Surgical Services, L5-S1 and L4-L5 laminectomy is not medically necessary.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Adverse Determination letters, 02/07/08 and 03/03/08
2. ODG Guidelines and Treatment Guidelines
3. Exam notes, 02/13/08, 01/23/08, 12/19/07, 07/25/07, 07/02/07, 06/11/07, 05/09/07, 04/16/07, 04/04/07, 03/21/07, 03/07/07, 01/24/07, 12/18/06, 11/03/06, 07/31/06, 07/17/06, 06/30/06, 06/14/06, 05/22/06, 04/10/06, 03/10/06, 02/24/06, 02/03/06, 01/15/06, 11/09/05, 09/23/05, 09/02/05, 05/20/05, 05/11/05, and 05/01/05
4. History and physical, 05/20/05
5. MRI scan of the lumbar spine report, 05/01/07
6. MRI scan, 05/04/04
7. CT scan, 05/19/05

8. X-ray report, 02/21/07
9. Discogram, 02/21/07
10. Operative note, 02/21/07
11. Procedure notes, 10/27/05, 08/18/05, and 01/08/08
12. Physician Review recommendations, 03/03/08
13. Dr. exam note, 06/07/06
14. approval, 09/04/07
15. Decision and Order, 06/22/07
16. Peer Discussion note, 02/29/08 and 04/18/07
17. Reconsideration letter, 06/22/07

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a patient with previous laminectomy, which is presumably at L4/L5 based upon the records, who sustained a compensable injury. Dr. who reviewed the patient, indicated he felt that the current situation was due to the previous injury and not the current one. The patient complained of back pain, 80% back and 20% leg, throughout the medical record until the denial of the lumbar fusion was received, and then the laminectomy at L4/L5 and L5/S1 was recommended. It is stated to be the converse, i.e., 20% back and 80% leg. According to the medical records, there is buttock pain, but on the left side, there is some radiation thigh pain but not below the knee. It states clearly that it radiates to just the popliteal area. The patient has undergone a transforaminal nerve root sleeve block on the left at L4/L5, which apparently gave good relief. Previous request has been for two-level lumbar fusion surgery at L4/L5 and L5/S1. However, discogram revealed an abnormal disc at L3/L4 as well as a high-intensity zone and herniation at L4/L5 on the left. Throughout the medical records, the MRI scan and discogram report the L5/S1 disc as being normal. There is note within the physician's records of a pars defect at L5.

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

Indication for this two-level laminectomy extends from a denial of lumbar surgery. There is no explanation given why the patient needs surgery at L5/S1. While there does appear to be pathology at L4/L5 on the left, certainly if there is a pars defect, performing a laminectomy at the L5/S1 level in the face of normal disc and pars defect is likely to make the patient worse. If the patient truly has the back pain/leg pain ratio of 80:20 as was documented for many months throughout the medical records, then the proposed surgical treatment would be unlikely to give the patient much relief. As far as the diagnosis of radiculopathy is concerned, there does not appear to be any well-defined sensation of motor changes but merely pain in the left leg to the knee level, which classically has been thought to be referred pain, which would have been compatible for the physician's original request for fusion. Based on the ODG Guidelines for discectomy/laminectomy, required symptoms and findings include imaging studies and conservative treatments, which confirm the radiculopathy. In particular, there needs to be objective findings on examination such as straight leg raising, crossed straight leg raising, reflex examinations, or other neurologic deficits. This is not noted within the medical record. In order to have a diagnosis of an L5 root compression, at least one of the following needs to be present: severe unilateral foot/toe dorsiflexor weakness or atrophy, mild to moderate toe/foot dorsiflexor weakness, unilateral lateral thigh/hip/knee pain, and these findings have not been seen within the medical records. Furthermore, as previously discussed above in the Injured Employee's Clinical History Summary,

there has been no explanation of why an L5/S1 laminectomy would be required or could be considered medically necessary. It is for the above reasons that the previous determination should be 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
- 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)